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THE  
AMERICAN  
JOURNAL OF INSANITY.

EDITED BY THE  
MEDICAL OFFICERS OF THE NEW YORK STATE  
LUNATIC ASYLUM.

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VOL. XVII.

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The care of the human mind is the most noble branch of medicine.—GROTIUS.

UTICA, NEW YORK :  
PRINTED AND PUBLISHED AT THE ASYLUM.  
1860-61.



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# AMERICAN JOURNAL OF INSANITY.

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VOL. XVII.

UTICA, JULY, 1860.

No. 1.

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ESSAYS, CASES, AND SELECTIONS.

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NOTES ILLUSTRATIVE OF THE PATHOLOGY OF INSANITY.  
BY JOSEPH WORKMAN, M. D.

*Read before the Association of Medical Superintendents of American Institutions for the Insane.*

My object in presenting the following notes, is not to communicate to your Body information on a subject with which you are already familiar; but rather, by inducing discussion, to elicit from you that instruction, the obtaining of which is my chief purpose in coming so great a distance to your national re-union.

The diversity of morbid conditions of the brain connected with the same form of insanity, or with forms of very proximate relation, would not, perhaps, be a more important or interesting inquiry than the converse, that is to say, the diversity of morbid, mental phenomena, associated with pathological cerebral conditions almost identical.

There certainly is much risk of error in hasty generalization, in the pathology of insanity; and it is possible that those who have had the widest fields of observation, may feel themselves most puzzled in the solution of the mysterious problem, of structural influences over mental condition. When we become aware of the fact, that the most intense or aggravated forms of mental alienation may be

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found associated with but few trivial pathological departures from normal condition, may we not be tempted to believe that insanity is not exclusively the product of mere material factors? And when, on the other hand, morbid anatomy, outside our little sphere of observation, often reveals the fact that important cerebral lesion may co-exist with unbroken mental integrity, may we not be excused for a little timidity in our response to those who demand of us an adequate structural explanation of every departure from intellectual normality? Shakspeare tells us of the little "pin-hole" through which life may find escape. May not a very small pin-hole be large enough for the egress of reason from some folks' brains; and may it not be very hard to expel it from others, even through a very large outlet? May not a very slight deviation from organic soundness evolve insanity in an individual in whom its seeds are latent? and what agencies, mental or physical, will suffice for its production in the contrary condition?

*General Paralysis.*—P., a French Canadian, aged on admission 42 years, a shoemaker by trade, of temperate habits; a well-developed, athletic, and apparently healthy man. His insanity is stated to have appeared only fifteen days before admission, and was, by his wife, ascribed to blows received by him on the head. I have, however, good reason to believe that his mental aberration had been gradually coming on for some time previous.

After his entrance into the Asylum, he presented the usual mental excitement observable in the first stage of general paralysis, and I had frequent opportunities of noting the extreme astonishment of visitors, both medical and non-medical, when I gave my opinion of the hopeless and fatal tendency of his malady. It is indeed a very rare fact, that cases of this sort are not sent to asylums with the most sanguine prognosis, volunteered by the physicians in charge. On the other hand, we not unfrequently receive patients whose cases have been affirmed to consist in that form of cerebral disease, which has been regarded as unfailing in mental paralysis, *to wit*, brain softening, who present neither the mental nor bodily indications of this peculiar form of insanity; thus showing a fact, which may hardly be

declared without serious offence to the faculty, that much ignorance obtains in the profession on the subject of cerebral diseases.

The patient above referred to continued in the Asylum over twenty-six months, and the case ended, as all others of the same form under my observation have done, in death.

The *post-mortem* (No. 118) was held twelve hours after death.

The cranium was very hard, and almost totally devoid of diploë. The membranes were much congested, and the vessels presented almost a varicose condition. Some serum was found on the surface of the brain. The ventricles were distended with serous deposit. The *corpora striata* were softened, but the brain, in all other parts, was normal in consistence.

N. B.—Total paralysis did not supervene until shortly before death, and was ushered in by a fit of severe excitement, of some duration. This, I believe, accords with the general rule.

*General Paralysis*.—H. J. W., a negro, aged 50 years; a man of industrious and temperate habits, unable to read, but very learned and a profound jurist, in his own estimation. Resident in the Asylum eleven months. Aneurism of the right common carotid was detected, some months before his death.

This patient died suddenly, as we anticipated; but not from bursting of the aneurism, as we had prognosed.

The *post-mortem* (No. 119,) was held 29 hours after death.

The aneurismal tumor had totally subsided, and the conclusion seemed inevitable that rupture had taken place; but, after the most careful dissection, we were unable to discover any breach, nor was a drop of blood found extravasated. The aneurismal enlargement included the whole of the common carotid, the innominate, the arch of the aorta, and the descending aorta, as far downwards as the diaphragm. The brain showed no indication of apoplexy, but about six ounces of serum were found beneath the arachnoid, and the ventricles were filled to distension. In other respects the brain showed no disease. About two ounces of fluid were found within the pericardium, and a small quantity was also found effused in the abdomen. The kidneys were found enlarged and diseased; several large

cysts containing pus, were observed in them. The semilunar valves of the aorta were encumbered with numerous calcareous deposits.

*Query:* To which of the pathological facts above noted, may this patient's sudden death be ascribed?

*Pseudo General Paralysis.*—Having never, in my own experience, met with a case of true general paralysis in the female sex, I felt much interest in watching closely the only one which I have encountered with symptoms approximative to the malady; but though the patient was long enough under my care to have enabled me to judge pretty correctly of the character of her disease, I can not but regret that I was totally unfurnished with the history of her case prior to admission, excepting the isolated fact that her insanity had been of eight months' duration. If, however, the suppressed facts had been given with no greater veracity than this one, their absence is not to be regretted. I doubt the existence of insanity at all. Cases of ordinary paralysis are not admissible into the Toronto Asylum; therefore I suppose this fact was suppressed by the benevolent medical examiners, and all others of importance were allowed to pass into abeyance, in company with it.

The age of the patient was 65. She was found, on arrival at the Asylum, to be totally paralyzed. She survived nearly five months. She had not any of the mental indications of general paralysis, nor did there occur at any time during her residence in the Asylum, any convulsive or apoplectic disorder. She gradually sank into physical and mental annihilation, and lay, for many hours before death, in a state of coma. This is a very unusual termination of general paralysis.

The *post-mortem* (No. 122,) was held 26 hours after death.

The skull was thin, and without diploe. The *dura mater* was adherent to the cranium, over nearly all the superior aspect. A little opacity and thickening of the arachnoid was observable. The brain presented no further traces of disease, excepting a peculiar vesicular appearance on the lining of the ventricles, consisting of a great many trivial elevations, quite transparent, and giving the parts a rough surface, very much like *cutis anserina*. Granular deposits



were found on the mitral valve of the heart. The abdomen presented numerous marks of remote peritoneal inflammation. The transverse colon was deflected down to the pubes.

The disease rather inappropriately termed general paralysis, as I have observed it in its unequivocal character in male lunatics, never passes into the state of total muscular deprivation, till within a very brief period before death; and this ultimate result is almost always introduced by an apoplectic seizure, which is sometimes accompanied by epileptiform convulsions. Another fact, which I should regard as almost pathognomonic of true general paralysis, (having never met with a case in which it has been wanting,) is voracity of appetite, and this symptom often persists up to a very late period. In several patients, I have seen it continue until the power of swallowing ceased. Obesity and general bodily plumpness, with ruddiness of the face, are also certainly very seldom absent. I have not met with an instance in which the delirium was not of the exalted form of ambitious mania; and the most usual delusion is that of enormous wealth; but this is not the only subject on which the patient entertains exaggerated conceptions.

In the case of the female above noticed, I could detect scarcely a vestige of analogy between the mental and bodily condition, and that of the unequivocal general paralytic, saving the one misleading fact of paralysis itself.

*General Paralysis.*—S. A., aged on admission, 40, an engineer by trade, and a man of strictly temperate and regular habits; had been observed to be eccentric and rather indolent for a few years past, and during the last two had caused his family much trouble, by occasional sudden outbursts of passion, totally at variance with his former mental habitude. He became incapable of work, and was, in consequence, deprived of his employment, and the means of supporting his family, of whom he was remarkably fond.

On his admission, the case had passed into the second stage. His speech was much embarrassed; he dragged one leg, and the arm of the same side was unsteady in its action. His appetite was voracious; he became very fat, and gradually more indolent and power-

less. His delirium was of the exalted form, but happy. Memory was almost eclipsed, and perception was extremely sluggish. He had no pain; a fact, I believe, universal in general paralysis. He was always, in his own estimation, very healthy and strong; nor was he alone in his opinion, for even the physicians who examined him, before admission, gave his friends a flattering prognosis!

He survived fifteen months and a half after admission. His appetite was keen, until paralysis seized the muscles of deglutition.

The *post-mortem* (No. 139,) was held 24 hours after death.

Appearance of skull normal; no adhesions of membranes. About four ounces of water were found on the surface of the brain, chiefly between the arachnoid and *pia mater*. The *pia mater* presented a few bullous elevations, consisting of clear serum. Considerable serum flowed from the thecal cavity of the *medulla spinalis*, after removal of the brain. The entire brain was remarkably anemic, and harder than normal. The ventricles were filled with yellow serum. No additional pathological fact was observable.

*General Paralysis.*—J. MeA., a tall, powerful-looking, and, as his friends and physicians appeared to believe, a very healthy man; of rather irregular habits for some time past, but rather disposed to take a free glass, than habitually intemperate; by trade a gardener, at which occupation he had worked until a few months prior to his admission into the Asylum.

His medical examiners gave in their certificate, as his peculiar characteristic, "a great propensity for eating," and, probably, on this promising fact was based their flattering prognosis. The first glance at the patient's face, without observation of his muscular capabilities, revealed to me the poor man's inevitable and early doom.

His wife informed me that eight years ago, in Liverpool, he had suffered a severe beating, and received, amongst other injuries, a severe blow on the head from a heavy iron implement, in consequence of which he lay for some days in a state of stupor, and she had observed he was never the same man afterwards; an expression which may involve more meaning in the estimation of the physiologist, or the alienist, than strikes the ear of the non-professional hearer.

I have, at the present moment, a patient in the last stage of general paralysis, with reference to whose sexual impotency for a considerable period before admission, I have had reliable testimony.

About a month after admission, J. McA., had one of those *quasi* apoplectic seizures, so usual in the course of general paralysis, and, in consequence, became so helpless as to be unable to leave his bed. He died in four and a half months from his admission.

The power of speech was totally obliterated for several weeks prior to death; but his appetite continued keen as long as he was able to swallow, and the characteristic self-complacency, and smiling vacuity of his class blessed his unfelt sufferings, as long as nature spared him the muscular power of giving expression to his painless,—perhaps his pleasurable—condition.

Profuse diarrhea preceded his dissolution; one of those corrective efforts of nature, so frequently observed in the course of many other forms of insanity, when the brain is the leading sufferer; efforts which occasionally result in the desired effect of relieving the suffering organ, and conducting to a fortunate termination, but which too frequently fall short of restorative change, and leave our patients dangerously enfeebled, and still worse able to withstand the formidable recurrence of the disorder of the alimentary organs.

The *post-mortem* (No. 142,) was held 24 hours after death.

Scalp perfectly normal; no marks of injury or cicatrix, on any part of it. Cranium sound throughout. *Dura mater* of normal aspect, but adherent to the skull on the whole basal region.

On dividing the *dura mater*, a large encysted deposit of blood coagulum, with some discolored serum, was found covering the entire superior surface of the left cerebral hemisphere, and extending downwards over the inferior surface of the middle lobe. This deposit was, in extent and thickness, equal to a man's hand; and when cut into presented a variety of membranous compartments, of distinct subdivided layers, enveloped in folds resembling the outer covering,—all of them, in structure and appearance, very similar to the arachnoid when thickened and opaque. Under a flow of water, let fall from a sponge at the height of six or eight inches, the dark,

bloody contents were carried off from the exposed, divided compartments, and the surface left presented a shreddy, fimbriated appearance. The whole of the deposit was of similar structure, but the coagula were of various consistence; the deeper ones being the firmest, and free from serous intermixture. It was quite easy to remove the entire mass from the arachnoid, but when this was accomplished it was impossible to discover any vascular, or other lesion in the arachnoid, indicating the formative source of the tumor. In fact, the brain, now freed from its encephaloe, presented not a vestige of disease, excepting a few spots of meningeal adhesion. The left cerebral hemisphere was reduced in volume equal to the size of the displacing deposit; and the whole cerebrum was unusually firm in consistence. There was no fluid in the ventricles, nor did the brain, in any part, present the slightest trace of diseased action.

This case can hardly fail to be regarded as very interesting, if not deeply instructive. It is an additional instance of the inconstancy of pathological conditions, in a form of mental disease which was, at one time, regarded as very circumscribed in its etiological relations. Here we appear to have an example of mental alienation, of a remarkable or almost specific form, arising from a cause which excludes all possibility of belief in the idiopathic nature of the malady. We can point to only one disturbing agency, *compression*; an agency perfectly adequate to the production of simple, ordinary paralysis, but unassociated with any form or degree of structural cerebral disease, scarcely comporting with our quondam conceptions of the pathology of general paralysis of the insane.

I made careful inquiry of the parents, and other relatives of this patient, as to whether there existed hereditary insane taint in the family; but I was assured such was not the case. The father and mother are both far advanced in years, and are sound and healthy persons; and his sisters are fine, robust, sensible women.

In the thirteenth volume of the AMERICAN JOURNAL OF INSANITY, pp. 16-17, will be found the *post-mortem* details (read by me before the Association at Cincinnati,) of a case (W. C.,) similar to the above, but presenting the difference of a softened condition of the

brain. The mental phenomena were, in many respects, also dissimilar. The insanity of J. McA., was of a heavy, listless, placid form. That of W. C., was characterized by restlessness, mischievous propensities, and garrulity, and by previous undoubted intemperance; and no injury to the brain from blows, or otherwise, was recorded.

*General Paralysis.*—J. N., aged 31, a man of good education, strictly temperate habits, and previous general good health, became insane only two months before admission, and died nine months after coming in.

On admission he was suffering under acute mania; was restless and sleepless, noisy, mischievous, and destructive of clothing, but always good natured, and constantly singing impromptu rhymes. He soon began to improve in bodily condition, had a fine appetite, and began to take rest; but the peculiar thickening of the speech, which previously was faintly perceptible, now became obvious, and stamped the prognosis of the case. He became fat, very cheerful, and apparently strong; but the practised eye could observe, in his gait, defective co-ordination of muscular action.

Four weeks before death he had one of those *quasi* apoplectic seizures, peculiar to general paralysis. I chanced to be close to him at the moment. He was just leaving the dinner-table, after a hearty meal, when he staggered but did not fall down, and, with the assistance of another patient, walked along the corridor some distance, heavily dragging one side. I ordered him to bed, from which he did not again rise. He had no renewal of the fit, but a rapid aggravation of his paralysis took place, and for a few days before death, he was almost totally motionless.

The *post-mortem* (No. 143,) was held 24 hours after death.

The *dura mater* was in a healthy state. The arachnoid and *pia mater* were everywhere of a milky hue, but showed no mark of high inflammatory action. The grey matter of the cerebrum was attenuated, and changed to a pinkish color. The *puncta vasculosa* were very numerous and large, on sections of the white matter; and the entire brain was much softened. The lateral ventricles contained each about five drams of clear water, and a quantity flowed from the *theca vertebralis*.

I may remark that this case was one of unusual rapidity. It is seldom that general paralysis does not exceed one, or even two years' duration; and it is also seldom that it commences with the intense symptoms by which this case was ushered in. No doubt the latter fact explains the unwonted speed of the destructive action, in the case under notice.

For the purpose of pathological comparison, I would next beg to submit *post-mortem* details of the condition of the brain following acute mania, with marked symptoms of cerebral diseased action during the progress of the malady.

*Acute Mania.*—A. B., aged 28, a man of good education, and respectable position, but latterly excessively intemperate. His abandoned habits first induced epilepsy, and next insanity, through the first attack of which he had passed, and was supposed to have recovered. A second not long after supervened, and proved so severe that his friends placed him in the Asylum. He was very feeble and much attenuated on admission, and his mental disorder was of the most aggravated type of acute mania. He lived nearly six months, in all which time he had not a lucid moment. He was profane, obscene, clamorous, abusive, and amazingly mendacious. From time to time, he was visited by attacks of symptomatic diarrhea, which left him without permanent relief to the brain. He finally sunk under total physical exhaustion.

The *post-mortem* (No. 125,) was held 41 hours after death.

The body presented the appearance of a skeleton, invested in human skin. The skull was unusually thick, and devoid of diploe. The *dura mater* had no adhesions to the cranium; a little serum was found between it and the arachnoid. The arachnoid had an opaline hue over a space of several inches, but was otherwise free from diseased appearance. On the summit of each hemisphere of the cerebrum, a red spot of an inch in diameter was observed, which when cut into showed the same color, and was found to extend down into the white matter. In other parts the gray matter was paler than natural. Each lateral ventricle contained about one ounce of serum. The brain exhibited no further marks of disease.



*Acute Mania, terminating speedily in Cerebral Effusion.*—R. H., a married woman, aged 28, mother of two children, was admitted into the Asylum under an intensely severe attack of mania, of only four days' duration. Before admission she had been constantly held by three or four strong men, and had yelled and screamed incessantly. On her entrance she presented indications of exhaustion, and was allowed full personal freedom. In about ten hours she was seized with a terrific paroxysm, and both her mental and bodily agitation were such as to render personal restraint, by the camisole, indispensable. Her delirium was a combination of the extravagances of religious phrenzy and puerperal mania, and was accompanied by the hysterical aspect of the former, and the significant pelvic and crural restlessness of the latter.

The treatment pursued consisted in the use of the warm bath, cold applications to the head, one or two powerful sedatives, followed by aperients, and liberal bodily support. On the fourth day after admission, she appeared quiet, but physical exhaustion was manifest; to meet which appropriate means were employed. On the fifth day, the blue aspect of the lips and cheeks, associated with manifest laboring respiration, indicated pulmonic congestion; and I ordered a large blister to the chest. On the sixth day, the respiratory difficulty had become still greater, and from the occasional turning upwards of the eyeballs, it was manifest that coma was setting in. In a few hours more, the breathing became exclusively abdominal, and she rapidly ran on to dissolution.

The *post-mortem* (No. 141,) was held 20 hours after death.

The scalp was normal. The cranium thicker than common. The *dura mater* presented limited adhesion to the skull, at one parietal protuberance. The *pia mater* showed a few opaque spots. The blood-vessels over the surface of the brain, and between the convolutions, were all turgid with dark blood. The left ventricle contained about half an ounce of serum, but the right ventricle was free from the deposit. The brain showed no further marks of disease.

This woman had a brother who died epileptic, and his attending physician informed me, that for many months before the outburst of

her insanity, he had noticed mental disturbance, co-incident with failing bodily health. The family denied that she had recently been the subject of religious disturbance, but I did not give implicit belief to their assertions. I have met with similar denials in cases in which subsequent inquiry has established incontestably the fact of religious uproar. Some persons consider any degree of religious fervour which falls short of the force of a hurricane, quite moderate.

*Acute Mania terminating in Effusion, after two months' duration.*—J. F., a man 47 years of age, formerly in a highly responsible and respectable position, in which, owing to heavy business losses, he suffered much mental distress, and became a confirmed victim of dyspepsia, but always continued temperate, active, and obliging. He was forced to accept of an office in one of our leading railroads, where he displayed much energy and fidelity, and was consequently promoted to a better appointment. But he had no sooner entered on his new duties than he broke down, under the apprehension of his incompetency; and very soon decided symptoms of suicidal mania showed themselves. Transmission to the Asylum became imperatively necessary.

When debarred of every other means of self-destruction, he fell upon that of starvation, and had to be fed by constraint. After a few days he accepted some brandy and water, and next took a fair allowance of wine and ale, and gradually lost his suicidal purpose; but paralysis of the bladder took place, and the regular employment of the catheter was indispensable. Sedatives, if pushed beyond a very limited extent, induced muscular twitchings. His delirium thickened, and total mental overthrow supervened. A couple of days before his death, the proper functions of the bladder returned, but physical prostration ensued, and a comatose condition set in, which ended in dissolution.

The *post-mortem* (No. 145,) was held 26 hours after death.

Body emaciated. *Dura mater* much congested. The *arachnoid* and *pia mater* also congested, but to a less extent. No meningeal adhesions were found, nor were there any opacities. The consistence of the brain was normal, except in a small portion above the fornix,

where slight softening appeared. The ventricles were gorged to distension, with clear fluid.

In the preceding three cases, I have, as in those of general paralysis, confined my details to the condition of the brain, as this was the organ parainouly involved, and the cause of death unquestionably existed there only. It is seldom, however, in autopsies of the insane, unless in cases of general paralysis, that traces of diseased action are not found in other parts; and perhaps pleuritic adhesions are more constant than any other lesion. Deflection of the transverse colon, sometimes as low as the brim of the pelvis, and in a few instances even lower, is not an uncommon fact, in chronic mania especially, and in cases of melancholia and sitomania. We are aware that obstinate constipation is a very usual symptom in these forms of insanity, and we may also be but too familiar with the doctrine inculcating the use of frequent and active purgatives in such cases. It is my belief that if *post-mortem* inspection were more largely practised than it is, in hospitals for the insane, our specialty would become more timid than it now is, in the exhibition of these medicines. At all events, such has been the result in my own practise. I can recall one or two instances, in which examination of the bowels after death has convinced me of serious error in the employment of even mild purgatives, in what is usually considered dangerous constipation; but I have never yet found cause for blaming myself for having withheld cathartics. An overloaded colon in a diseased lunatic, is a very rare fact. In nearly one hundred and fifty autopsies, I believe I have but once met with it; and then I did not consider that it had been in any degree conducive to the fatal issue. It is my belief that the safest purgative for the insane is good food, and we will do well to be forbearing towards the alimentary tube, in the vast majority of cases when food is refused. For every individual cured by active purgatives in these cases, it is my apprehension a dozen are killed, or at least severely injured.

I would next crave your indulgence for the submission of the autopsic details of a few cases of chronic insanity; confining myself, still, to the condition of the brain, excepting in one instance.

D. F., a man, aged 31, insanity of very long duration, hereditary, paroxysmal; patient intensely serofulous. Died of intercurrent peritonitis, after residing in the Asylum two years and three months.

*Post-mortem*, (No. 128,) 25 hours after death.

Excessive congestion of the brain and its membranes, was the most prominent fact. About half an ounce of serum was found in the left lateral ventricle. The brain was of normal consistence.

J. S., aged 47, of respectable position, and liberal education; but for several years extremely intemperate. Resided in the Asylum nearly five years, and was certified to have been insane for only two weeks previously; but this statement must have been quite untrue.

On his admission he was suffering under symptomatic diarrhea, which took its own course, in defiance of all remedial agencies; and, from time to time, with each exacerbation of cerebral disorder, he had a recurrence of the bowel disturbance. His mind was a total wreck; and for all purposes of bodily government, saving that of eating and swallowing his food, which was accomplished with voracious instinct, it might be said to have had no virtual existence. I must, however, mention one curious exception to this general fact. It consisted in the unvarying habit of folding into a neat bundle his whole clothing, every night on going to bed.

Three days before his death, a severe turn of cerebral disturbance took place, and marked impairment of muscular power was manifest. He passed into a comatose state in about 36 hours, and thus died.

*Post-mortem*, (No. 136) 30 hours after death.

On opening the *dura mater*, about four ounces of serum escaped through the incision; and about two ounces were found in the ventricles. An apoplectic (recent) clot, of large dimensions, was found upon the superior aspect of the left cerebral hemisphere. There was but trivial congestion of the meningeal blood-vessels. The thoracic organs were healthy, with exception of a small pleuritic adhesion on the left side. Peritoneal adhesions were universal, but all the organs beneath were healthy.

A. D., aged 64, a Waterloo pensioner, with the usual habits of this class of men. For several years prior to his admission, he had,

under instructions of the officer in charge, lived with a farmer, who received his pension for his support, and, consequently, his intemperate indulgences must have been curtailed, or altogether suppressed. He was certified to have been insane for two years prior to admission, and was brought to the Asylum merely to be nursed, when he ceased to be longer able to do anything for himself. He survived his admission only two months and six days, and sunk from simple exhaustion.

*Post-mortem*, (No. 140) 46 hours after death.

*Dura mater* adherent to the cranium on the right posterior region. A small quantity of fluid was found effused on the arachnoid, and a little beneath it. The choroid plexus was shriveled, and a small hydatid was found attached to it, in each ventricle. The transverse colon was deflected as low as the umbilicus.

I shall conclude these notes by adding the details of a case of epileptic mania, or rather as I found it to be, simple epilepsy; for during the three months of the patient's asylum-residence, no mental indication at all resembling insanity, was noticed by any one in the institution; and it is now my belief that he never had been insane, but was sent to us, as some others have been, merely to rid the doctors of an unprofitable case.

J. H., aged 34 years, a very fine-looking, intelligent, industrious, and quiet man. The only observable peculiarity in his mental condition, was a slowness in his perceptive action. He replied to questions after a pause, during which he appeared rather to be taking time to master the communication made to him, than to deliberate on the terms of his response.

Four days after admission he had a very severe epileptic fit; but for about two months afterwards he had none. He then had occasional seizures, for a few seconds at a time, of a syncopal character. He gained in flesh, and was the best-looking man in the house. Five days before his death, whilst in excellent apparent health, he was suddenly seized with a severe epileptic fit, which was followed by a continued series, at intervals sometimes not longer than twenty minutes; and thus he continued until he died.

*Post-mortem*, (No. 131) 34 hours after death.

The skull was unusually thick. The *dura mater* was adherent to the cranium over the whole lateral and superior aspect of the cerebrum; and the arachnoid and *pia mater* were adherent to the brain, over the same region. The adhesions were unusually firm. The entire cerebrum, and the *pons varolii*, were so much softened as not to bear the gentlest stream of water from a sponge. The ventricles were distended with fluid; and about two ounces flowed from the *theca vertebralis*.

The softening degeneracy of the brain, in the above case, must have been in progress for a considerable time. This structural condition, conjoined with the meningeal adhesions, and the deposits of fluid found in the ventricles, might surely make up a very fair pathological muster for a case of general paralysis. Why was this patient not a general paralytic? He surely was not preserved from the malady by the structural integrity of his brain. Why was not the patient J. S. a general paralytic? Many cases of this disease terminate in death without leaving pathological indications much, if at all, differing from those found in his brain. Hard brains, and soft brains; brains with serous deposits, and brains shewing none; brains with thickened membranes, and brains with membranes normal; in fact, almost all sorts of brains are to be met with in the dead bodies of general paralytics. And yet the disease is no fiction. The insanity associated with it is a very salient, and a very stubborn fact, in our specialty. It presents features so very distinct from those of all its associates, as almost to tempt to the inference of specific difference. I do believe the mental phenomena of general paralysis are *sui generis*. Resemblances to those of other forms of insanity may be found, but the experienced observer will hardly fail to perceive that they are *but* resemblances; and continued and close observation will at length exhibit diversities, which at first sight escaped detection. I am not prepared to push this subject further. I commit it to more able heads; and I await, with deep interest, the remarks which this paper has been designed to elicit.

Before concluding I would offer a remark or two on the usually assigned causes of general paralysis. It would appear to be the



general doctrine of this time, (I was almost in danger of using the offensive word, *fashionable*) that intemperance is the most prolific cause of the malady. My own observation warrants no such conclusion. Indeed, with one or two exceptions, my patients have been remarkable for their sobriety.

Dr. Hitchman, now of Derby, in a letter which I had from him last winter, touching on this question, says that he regards sexual, and other excesses, as having fully as much to do in the provoking of the disease as intemperance. I question whether we might not advantageously reverse our course of inquiry, and endeavor to discover to what extent this disease, in its incipient stage, prompts to excesses of various forms. Neither the cause of temperance, nor of chastity, nor any other human interest, can be benefitted by support derived from rotten facts. That the general paralytic may occasionally, or even frequently, be disposed to destructive indulgences, can never be used as an argument in support of intemperance; but infinite injury has, in all ages, been done to the cause of truth and right, by summoning to its aid unfounded assertions, in lieu of reliable and demonstrated facts.

Having thus far trespassed on your patience, gentlemen, with details of cerebral pathology, in a limited but very interesting division of insanity, may I ask your forbearance for a moment longer in attention to the *post-mortem* developments of a case which has quite recently come under my observation. I believe it belongs to a class which is rather numerous in all asylums; and as the *post-mortem* revelations shewed my diagnosis to have been erroneous, or at least defective, you may not feel the less interest in the relation.

The patient was a married woman, mother of four children, and wife of a farmer resident in a malarious district. Her age was 37 years. She was of slender frame, and had suffered much from ill health. She was strongly suicidal, and a *sitomaniac*; but in the course of a few weeks she was induced to take food sufficient to sustain life. She complained of severe pain in the left hypochondrium, and, about six weeks before her death, suffered very great pain in both her feet. Subsequently she referred all her pains to the loins.

She had daily hectic, and I was led to regard this as the associate of destructive visceral disease of the abdomen. She never coughed or expectorated, or complained of thoracic pain. She died at the end of ten months from her admission.

The *post-mortem* (No. 144,) was held 24 hours after death.

Great emaciation of the body. Waist remarkably slender, as if she had been addicted to tight lacing. The lungs were every where adherent to the containing structures, by extremely thick, old, pleuritic deposits, and when cut into they were found totally filled with tubercles, in a very advanced stage of disease. Several cavities as large as pullet's eggs were exposed, and wherever the knife was introduced pus escaped copiously. I have seldom seen a more aggravated case of pulmonary tubercular destruction. The liver was atrophied to probably one-third its proper size (not a very common fact in phthisis). The stomach was divided into two compartments, like hour-glass contractions, about two-thirds from the cardiac orifice; and this portion of it showed sub-acute inflammation of the mucous membrane. The transverse colon was totally thrown from its place, and folded down along the brim of the pelvis.

I give the above not as an isolated case, (for I have met with several similar to it,) but as an example of pulmonary consumption, running its full course without the ordinary prominent indications of its existence.

I am convinced that such cases are not unfrequent in lunatic asylums; and as recourse to the stethoscope is not likely to be had, under the circumstances, it will generally happen that, without a *post-mortem* examination, death will not be ascribed to its true cause. In some instances the patients die before the formation of cavities, from the complete obliteration of the whole of the air-cells by the dense packing of hard, tubercular deposits. Even in these, however, we should have cough and expectoration, and so we have in the majority, but not in all of them, as I am very well aware.

With a statistical reference, this subject appears to me to be interesting; for our tabulation must be of slight value, if to any extent it is vitiated by serious diagnostic errors.

# ON THE PROPER FUNCTIONS OF PRIVATE INSTITUTIONS OR HOMES FOR THE INSANE. By EDWARD JARVIS, M. D.

*Read before the Association of Medical Superintendents of American Institutions for the Insane.*

THE manner of providing for the insane of the United States is very different from that in England and Wales. In this country, the States or supreme legislatures provide most of the institutions for all classes. In Great Britain, this provision is made by the public authority for the paupers, while the patients of the independent classes are mostly found in establishments created by private enterprise, and managed by private and individual responsibility.

In January, 1858, there were one hundred and sixty-five establishments of all kinds for the insane, in England and Wales. In—

County Asylums, principally for paupers,.....	33
Borough Asylums,.....	4
Hospitals apparently corporate and endowed,.....	15
Licensed houses, (private,).....	113
Total,.....	165

The law requires that the counties, cities, boroughs, towns, &c., take due care of the pauper insane, and every influence is used by the public authorities, to persuade the local authorities to provide for these in suitable asylums for their cure, or for their protection.

One county has three asylums, two counties have each two, and twenty counties have each one asylum. Several of the smaller counties combine together, and unite their means to make this provision. Three asylums are each owned and occupied by two counties, two by four counties, and one by five counties; which severally unite in the management and filling of these institutions. Four boroughs have each an asylum for their poor. The county asylums are under the management of the local magistrates, or other county or municipal authorities, subject to the supervision of the national board of

Commissioners in Lunacy. The fifteen hospitals seem to be corporate, and under the management of boards of trustees, and under the general supervision of the Lunacy Commission. These appear to be endowed with funds from public or private munificence, from which an annual income is derived. The one hundred and thirteen licensed houses are entirely matters of private speculation, prepared, owned and managed by private enterprise. No one is allowed to take a patient into his house for care, without obtaining license from the proper authority, the Commissioners in Lunacy, who exercise a constant supervision over them. None can take more patients than his license designates, nor can they be moved from one place to another, or transferred to another proprietor, except by leave. These houses are generally owned by physicians or surgeons; but many are owned and managed by unprofessional men and women, who employ such medical assistance as they deem proper.

The asylums and hospitals being large, and built expressly for the purpose, and under public authority, or endowed with funds, and prepared to meet a constant want, are permanent. But the private or licensed houses, being sometimes a mere common dwelling, wherein one or but a few can be accommodated; sometimes a large building, originally designed for another purpose, and in some instances built for this sole purpose, are of course very changeable. They, as in all other kinds of business, are subject to the many variations and changes incident to business pursuits; from great success, by which fortunes are made, or failure, from which inability to continue arises; or from the loss of health or life of the proprietor; or from their unsatisfactory management, which compels the Commissioners in Lunacy to take away the license and close the house. Every annual report of the Commissioners shows several houses discontinued from these various causes, and several new ones opened.

The asylums are devoted principally to the pauper patients, of whom there were, in January, 1855, 14,931, besides 212 of the independent class. These pay patients were in fifteen of the thirty-seven asylums; being on an average, less than eight in each. The four borough asylums had 526 patients, of whom 20 only were self-

sustaining. These latter were all in the asylum at Birmingham. The other 506 patients were paupers.

Among the comfortable and prosperous, the middle and upper classes of England, those who are able to support themselves, or whose families and relatives are able to support them in their periods of sickness, there seems to be a general aversion to placing their insane friends in the public asylums, or in the same establishments with the paupers. Although of the thirty-seven county and borough asylums, fifteen had some patients of the independent classes, yet there were only two hundred and thirty-two of these, or fifteen in each. They constituted only about 1.5 per cent. of the population of these institutions, and only about five per cent. of all the independent or self-sustaining lunatics, who were in all the institutions or establishments devoted to their care; showing that only one-twentieth of this class were in these asylums under the direct control of the public, county, or municipal authorities, and the other nineteen-twentieths were in the corporate hospitals, and the private and licensed houses for the insane.

The hospitals "founded and supported by charitable individuals, and designed for the reception of patients of the middle and upper classes, are benevolent in their nature."\* These are under the control of managers, elected by the contributors to their funds, and seem to be administered independently of the direct State authority, somewhat like the incorporated institutions of this country,—as the Bloomingdale and McLean Asylums, the Pennsylvania Hospital at Philadelphia, and the Butler Hospital at Providence,—and yet they are all under the supervision of the Commissioners of Lunacy. In these fifteen institutions there were 1751 patients. Thirteen were occupied exclusively by the independent insane. In the Liverpool Hospital there was one pauper, and in that at Northampton, there were one hundred and seventy-three of this class; showing that only one hundred and seventy-four, or about ten per cent. of the lunatics in the hospitals are paupers.

\*8th Report Com. in Lunacy, p. 29.

The private or licensed houses as a class, are principally occupied by the private or self-sustaining patients. Two had paupers only, eighty-two had the independent only, and nineteen had both classes. Some counties, boroughs and poor-law unions, find it for their present interest to place their lunatic paupers in the private houses, rather than build, or join with other municipalities in building asylums for themselves. Complaint is made in the Lunacy Commissioners' Report, that some of the guardians of the poor search through the kingdom to find the cheapest depository for their wards; and in some cases these patients are sent to very distant places for the sake of economy, though probably at the cost to these disordered persons, of some health, and perhaps much comfort. Some of these licensed houses are on a large scale. The Bethnal House has 329 paupers, and 145 private patients. The Peckham House has 317 poor, and 49 independent inmates. The Fisherton House has 238 of the former, and 141 of the latter class.

The nineteen private establishments receiving both classes, were principally occupied by paupers; having 2076 of that class, and 900 of the independent patients. We have no means of knowing the social condition or pecuniary resources of the independent patients, who are thus associated with the paupers in these private houses; but as these conditions are necessarily diversified in England as well as elsewhere, it may be probable that these are the less favored of the independent class, and are glad to avail themselves of the less expensive accommodations, which are also placed within the reach of the poor and dependent. Thus we find that of the four thousand seven hundred and thirty-eight independent patients, who are in some kind of institution or house for the insane, in England and Wales, only eleven hundred and twenty-seven, about twenty-three per cent., or less than one-fourth, are in the same establishments or houses with the paupers.

There seems to be no direct provision for the independent class by the public authority. The few, 232, who were in the county and borough asylums, may have been brought there accidentally, or from causes not within their original design. Some of them have been vi-



olent, dangerous, or criminal, and therefore sent to these institutions as places of better security for their own or the public good, than could be found in any private house or establishment. This is directly the reverse of the custom in the United States, both as to provisions for the insane by public authority, and the use of them by the people. Here most of these establishments are created by the State or local governments, and very few by private enterprise.

There are forty-three public hospitals and asylums, and five private establishments and houses for the insane in the United States. One is erected by the National government. Twenty-seven are erected by the legislatures of twenty-one States, and are supported by their treasuries, in part at least, and are under the control of their governments. Five hospitals are erected, sustained and governed by their respective cities or counties, in four States. Ten corporate institutions, endowed with funds from private and public generosity, and under the management of boards of trustees, directors, &c., are in seven States. Besides these, there are five private establishments or houses for the insane, in three States.

The State hospitals receive both independent and pauper patients. The city and county hospitals are principally, and some of them exclusively, for their paupers. The corporate institutions are for those who, or whose friends, can pay for their support. They own their buildings and grounds, and all the material belonging to their establishments. Therefore they need not charge the cost of rent to their patients, and thus they enable some of very moderate means to enjoy the benefit of their treatment.

The private establishments, like those of England, derive their entire support from their patients, and are intended for those who can pay for all the attentions they receive, and the advantages they enjoy. Having no public, State, county or city treasury, nor endowment of funds to fall back upon, they must necessarily charge the whole cost of rent, support, attendance and care, upon those to whom these are given. They therefore can never be cheap. Still less can they come in competition with the public hospitals on this ground. Whenever these are chosen for patients, it must be for other reasons than

economy. These five institutions can accommodate at most but a small portion of the insane, but they are all that the public need, or are willing to use on the terms that can be offered.

The question naturally arises, as to the causes of this great difference between England and the United States, in the management of lunatics; why there the great majority are in private houses or establishments, and here they are in public institutions. Without doubt the subject of providing for the insane in England was looked upon not as a matter of benevolence or science, but merely as a part of political economy; the duty of the State to support its poor who could not take care of themselves, or whose friends could not take care of them. The poor-law, therefore, which required the local authorities to provide for such as could not help themselves, made it necessary at first to secure the means of custody for the maniac; and then the motives of economy and the progress of humanity added the means of healing. But this implied no feeling of responsibility on the part of the government or the law, for the care of the insane, any more than for the care of the consumptive or otherwise diseased, in self-sustaining families.

The thirteen English corporate hospitals created by private subscription, although devoted mostly to the care of pay patients, yet could receive but a little more than a quarter of all that class in need of such care. It was necessary, then, for these to seek elsewhere for the means of protection and healing. It was natural that some should try the plausible remedy of placing their insane friends in the care of some physician, who was willing to take such patients into his own family. The first step being taken, the next was easy for both parties. The friends of a second patient, seeing that the first was comfortably provided for, would readily seek a remedy in the same way for their trouble. And the third and the fourth followed their example. At the same time, the physician finding the care of one patient at least endurable, perhaps pleasant and sufficiently profitable, was ready to take others, and increase his business in this way. Thus expansion naturally followed the beginning, until all the wants of this kind were supplied.



In this country there is a very common notion, that the mere personal influence of a physician, or of any other individual, in a private house, is insufficient for the control and the management of the insane ; and this has made our people look to institutions endowed with large facilities and power, with authority and means of securing the unwilling, coercing the refractory, and of amusing and occupying all, in their various moods of excitement and depression. These advantages are to be found only in establishments which are beyond the means of individuals, and not by any probability, perhaps not by any possibility, within their reach. Hence our people look to the body politic, the great aggregation of the common wealth and power to unite and produce such an establishment as seems to be needed.

It is supposed by some, that the insane in the United States are more maniacal, willful and excitable, and consequently need a firmer government, and often more restraint, than those of Great Britain. This, whether true or not, tends to corroborate the first opinion, and induces the more general desire not only to build hospitals with the means at least for keeping such patients, but also to place their own friends in such places as seem to them to be prepared to meet all the emergencies of insanity. Hence all classes here have sent their friends to the public asylums, and having once tried the experiment they have found good reason to repeat it on any future occasion. A second consequence is, that there has been but very little call, and very little provision made and offered for the private treatment of the insane.

The question now arises, What are the peculiar advantages of public, and what of private asylums for the insane ? The great majority of cases are better provided for in the public than in private institutions. The wild, the violent, are more secure, with the strong walls, and doors, the guarded windows, and other means of preventing injury or escape. The large corps of attendants, and constant presence of officers, give more moral and personal authority to restraint. If there be need of force, mechanical or other means of restraint, if outbreaks of violence are to be overcome and injury prevented, or food or medicine to be forcibly administered, the means, both mate-

rial and personal, for effecting these purposes can be furnished better in a public establishment than in a private house. The suicidal patients, who seem to have an almost superhuman skill and perseverance in baffling the vigilance of guardians, need all the architectural securities of the buildings, yards, &c., of the best institutions that are designed and built for the insane, and all the combined watchfulness of a trained corps of attendants, to save them from self-destruction. The willful, perverse, opinionated patients, in whom self-esteem is, by nature or by disease, largely developed, bear opposition to their plans, contradiction to their opinions, and interference and restraint upon their conduct from men in authority, clothed with official power, and when it seems to be the law of the institution which many others recognize and obey, better than when it comes from an individual who has nothing but his personal and professional character to rest upon, and no other law than his own private judgment, however well founded or wisely established.

But there are some classes of patients, who, from their peculiarity of feelings, or temperament, or disease, would do as well, and some would do better in a private than in a public asylum. One class inseparably associate the idea and the name of an asylum or of a hospital with disgrace, which they think attaches ever afterwards to those who have resided in them as patients. They think this will be a mark upon them, to lower their claims on the world for respect and confidence in social and commercial life, and lessen their influence in society and business circles. It is not many years since people generally considered insanity as a stigma upon character, and depreciation of mental power, even after perfect recovery, and that however fully the mental health may be restored, nothing would or could restore the broken reputation. This class even now try to conceal their cases of this disease, and avoid for themselves and for their deranged friends all publicity, especially those places of healing on which public attention is concentrated, and desire to avail themselves of less conspicuous means of regaining their health. Some are very sensitive as to their disorder. They are conscious that they have difficulty in the head, and trouble in the mind, and fear that it may

grow worse, and they are willing to confess so much. But they are unwilling to admit that they are insane, and are pained or irritated when they are supposed to be so, and even when the subject of insanity is mentioned in connection with them, they are disturbed. The proposal to remove them to an asylum for the insane, known and recognized as such, confirms their fears that their dreaded enemy is believed by their friends to be upon them. Even after their entrance into the wards of the hospital, carrying the same conviction, some still rebel against the admission of their lunacy, and are disturbed and pained by their associates whom they know to be insane. They are offended with the strange manner and conversation, the excitements and depressions, the laughing and the weeping, the singular opinions and senseless jargons which are about them. They are consequently unreconciled to their position, unwilling to submit to the necessary requirements and restraints of the institution. They do not coöperate readily with the officers and attendants in their endeavors to heal them, nor lend the aid of self-discipline in removing their delusion. For those insane patients who can be managed under personal influences and in proper circumstances, there are some advantages and privileges which can be enjoyed in a higher degree in private and discreetly-managed houses than in public establishments. Insanity does not usually affect all the powers of human nature. It is rare that a patient is unsound in all his mental and emotional elements. Commonly only a part of them are disturbed, while the others are left in health. Some have only a single delusion, while on all other matters they think and talk rationally. Some have too much excitement, others too much depression. Some are excited only in a certain line of ideas, only in connection with certain subjects, while in connection with others they are calm. In some certain appetites are morbidly active, and in others different appetites are wrong, while the rest are healthy. The moral affections have a similar variation of health and disease, of acquiescence and disturbance in the same patients.

In all healing of disease, whether of body or mind, it is considered both philosophical and necessary, not only to interfere as little as pos-

sible with all the parts of the constitution that are sound, but to encourage and sustain them in carrying on their natural processes, and discharging their healthy functions, and thereby obtain through them as much strength as possible for the constitution, and enable it to throw off the load that is imposed upon the others. Therefore a discreet physician or surgeon, in treating the disease of any organ or function, administers his remedies in such manner as not to disturb or impede the operations of the others. In treating disease of the lungs he is careful not to impair digestion. In healing a local abscess he cautiously sustains the nutritive powers, and thus he holds all the healthy functions as his allies, to aid in subduing the special disorder. On the same principle, the wise manager of the insane carefully analyzes the condition of his patients, and ascertains what elements are diseased and what are sound. Having determined this, he cautiously respects and avoids all interference with every power and faculty, every principle, opinion, emotion, taste or desire, that is in good health, and applies his influence only to such as are not in good condition, and this he does in such a way as not to disturb the others. He therefore, so far as is consistent with the patient's recovery or best progress, applies no restraint, opposes no purpose, denies no indulgence, contradicts no opinions that are not disordered, and do not minister to the disease. Thus he sustains as great an amount of healthy mental and moral constitution as possible, by means of which he hopes to overcome the disturbance in those which are diseased.

Although most patients need the restraints which can be found only in public establishments, and cannot therefore be safely and properly treated elsewhere, yet there are some to whom all the peculiarities of such an institution are not necessary. Some need none of the restraints which the architectural arrangements of the building and the surrounding enclosures afford, nor the usual and necessary vigilance of attendants of the hospital, to prevent their doing harm to others or to themselves, or to retain them within the bounds appointed for them. On the contrary, the presence of these means of security is painful to some. There are a few trustworthy patients, some with and some without attendants. They can be allowed a

wider range of motion, they can have freer walks, rides, and other means and opportunities of various exercise and change of scene, not only without detriment but with advantage. Some are not offensive to ordinary and domestic social life, nor are they disturbed by its circumstances, occurrences and interests. They can live in judicious families, eat at the table, and sit in the parlor with the household, and enjoy much of their company and friends. They may not always contribute to the enjoyment or the harmony, nor aid in the smooth flow of the domestic current; some do this very little, yet they derive great comfort from such relation to the ordinary family circle. Some can bear to be even more in the world, and engage to some extent in the general social life. They can visit and be visited with profit to themselves. Some can attend places of amusement, church, and other general gatherings, and receive no injury but rather benefit from this intercourse with the world. Of course such patients should be under the constant supervision of a suitable, discreet and intelligent physician, who understands mental disorders and their origin, and who is willing to give himself, heart, soul and mind, to this work. He must exercise an unremitting watchfulness over those entrusted to his care, noting all their variations of thought and feeling, of temper and propensity. He must arrange and control all the circumstances that surround them, and regulate all the influences that may bear upon them. The company, the conversation, the suggestions, the objects of interest, the scenery, their exercise and occupation at home and abroad, their diet, their sleeping, every thing concerning them must be under his unremitting watchfulness. These and all interferences and indulgencies, must be shaped, directed and applied in each particular case, and at each particular occasion, according to the then present condition of the patient, and to the probable effect on his health, in the judgment of the physician. The same discretion and reliability, and a good degree of intelligence and fitness for his position, is necessary in the attendant. As he is to be the constant companion of the patient, he should resemble him as nearly as possible in character, education and general culture, so that he may be an agreeable, not a wear-

some associate, a pleasant and influential guide, not a mere servant to obey his commands, or yield to his caprices.

The hospital is necessarily more inelastic than the private family. The rules are made to cover over the average of cases, but they must include the worst, so that nothing wrong may happen. They cannot be varied, either in the enactment or in the application, to suit the varieties of character or taste. But in the administration of a family there is no need of a written or printed code. The general laws of right and propriety are admitted, and such other directions may be given from time to time as may be needed for the insane inmates, as easily as such regulations may be made and altered in reference to a patient sick with any other malady. Hence each day's domestic administration may be made to suit exactly the condition of the lunatic at the time, and the cautions, restraints and indulgences, varied as his good may require. As every influence that bears upon the patient may affect him for good or for evil, none should be allowed to reach him but such as are of themselves true, sane and favorable. Not only the physician, his family and the attendants, but all that come in contact with him, his associates, the visitors, the servants that wait upon him, the people whom he visits, should all be persons of well-balanced minds and discreet bearing and habits; so that no insane ideas may be suggested, no wrong emotions excited, but every influence from without tend to keep his mind and feelings in a serene and cheerful state, and increase his power to think, feel and act sanely.

There is still a smaller class of patients, who need even less restraint and vigilant guardianship, but still must be separated from the familiar scenes of home and friends. It is not necessary for these to reside in the family of a physician, yet they need his supervision and guidance, and should therefore be in his neighborhood, where he can know of their condition and movements, and visit them as often as they may need. They may be boarded in discreet families, and enjoy most of the common privileges of the household, and the ordinary attentions and comforts of domestic life. Being under proper medical supervision, all the healing influences of both physical and



moral nature, that they require may be secured for them, and their health re-established if recoverable, or they may be cared for and protected without suffering any needless privation of comfort.

The views herein given refer only to that class of mild patients who are manageable in a private house, and who need not the efficient government and the restraints that are found in large institutions. The class referred to is not large, and some of them may be as well and as comfortably managed, and regain their health as certainly as in a hospital. This of course does not include all the private institutions, for some of them are large, and have as many patients as the public establishments. I have only described one class, such as is most familiar to me.

The proper function of private asylums or homes for the insane seems to be, not to compete with the public institutions in matters of cheapness; but to provide liberally for all the proper wants of their inmates, and charge all for material, time, attention and responsibility, and receive a corresponding reward.

Not to receive and treat the violent, the maniacal, the suicidal; but the mild, quiet, and manageable by personal influence.

And principally to provide and offer to such patients as can properly enjoy and profit by them, an opportunity of using more of their faculties that are sane, a freer range of occupation and action, more of domestic and social life, more intercourse with the world, and a condition resembling more nearly that of their own homes than can be offered and enjoyed in the public hospitals.

PROCEEDINGS OF THE FIFTEENTH ANNUAL MEETING  
OF THE ASSOCIATION OF MEDICAL SUPERINTEND-  
ENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

*Reported for the Journal of Insanity by Geo. F. Shradly, M. D.*

THE Fifteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, was held at the Continental Hotel, in Philadelphia, Pa.

ORGANIZATION.

*President.*

ANDREW MCFARLAND, M. D., Ill. State Hospital for the Insane.

*Vice President.*

THOMAS S. KIRKBRIDE, M. D., Penn. Hospital for the Insane.

*Secretary.*

JOHN CURWEN, M. D., Pennsylvania State Lunatic Hospital.

*Treasurer.*

JOHN S. BUTLER, M. D., Retreat for the Insane, Hartford, Conn.

The following members were present :—

*Maine.*—Dr. H. M. HARLOW, State Hospital for the Insane, Augusta.

*New Hampshire.*—Dr. J. P. BANCROFT, State Asylum for the Insane, Concord.

*Vermont.*—Dr. W. H. ROCKWELL, State Asylum for the Insane, Brattleboro.

*Massachusetts.*—Dr. J. E. TYLER, McLean Asylum for the Insane, Somerville. Dr. W. H. PRINCE, State Lunatic Hospital at Northampton.

*Rhode Island.*—Dr. I. RAY, Butler Hospital for the Insane, Providence.



*Connecticut*.—Dr. J. S. BUTLER, Retreat for the Insane, Hartford.

*New York*.—Dr. D. T. BROWN, Bloomingdale Asylum, Manhattanville. Dr. BENJAMIN OGDEN, Sanford Hall, Flushing. Dr. E. R. CHAPIN, Kings Co. Lunatic Asylum, Flatbush. Dr. EDWARD HALL, Criminal Insane Asylum, Auburn. Dr. GEORGE COOK, Brigham Hall, Canandaigua. Dr. J. M. CLEVELAND, 1st Assistant Physician, and Dr. L. A. TOURTELLOT, 2nd Assistant Physician, State Lunatic Asylum, Utica.

*New Jersey*.—Dr. H. A. BUTTOLPH, State Lunatic Asylum, Trenton.

*Pennsylvania*.—Dr. T. S. KIRKBRIDE, Penn. Hospital for the Insane, Phila. Dr. JOHN CURWEN, State Lunatic Hospital, Harrisburg. Dr. J. A. REED, Western Penn. Hospital for the Insane, Pittsburgh. Dr. J. H. WORTHINGTON, Friends' Asylum, Frankford. Dr. S. W. BUTLER, Philadelphia Hospital, Department for the Insane.

*Maryland*.—Dr. JOHN FONERDEN, Hospital for the Insane, Baltimore. Dr. W. H. STOKES, Mount Hope Institution, Baltimore.

*District of Columbia*.—Dr. C. H. NICHOLS, Government Hospital for the Insane, Washington.

*Tennessee*.—Dr. W. A. CHEATHAM, Hospital for the Insane, Nashville.

*Kentucky*.—Dr. W. S. CHIPLEY, Eastern Lunatic Asylum, Lexington.

*Missouri*.—Dr. T. R. H. SMITH, State Lunatic Asylum, Fulton.

*Indiana*.—Dr. J. L. ATHON, Hospital for the Insane, Indianapolis.

*Illinois*.—Dr. ANDREW McFARLAND, Hospital for the Insane, Jacksonville.

*Ohio*.—Dr. R. HILLS, Central Lunatic Asylum, Columbus. Dr. O. C. KENDRICK, Northern Lunatic Asylum, Newburgh. Dr. J. J. McILHENNY, Southern Lunatic Asylum, Dayton.

*Michigan*.—Dr. E. H. VAN DEUSEN, Asylum for the Insane, Kalamazoo.

*Canada West*.—Dr. JOSEPH WORKMAN, Provincial Lunatic Asylum, Toronto.

*New Brunswick.*—Dr. JOHN WADDELL, Provincial Lunatic Asylum, St. John.

The following gentlemen were present by invitation :—

Gen. Allan Macdonald, Sanford Hall, Flushing, N. Y. ; Rev. Dr. Samuel L. Adams, Chaplain of Eastern Lunatic Asylum, Lexington, Ky. ; Dr. James Rodman, of the Kentucky School for Idiots and Imbecile Children ; Dr. Joseph Parrish, of the Training School for Idiots and Imbecile Children, Media, Penn. ; Dr. H. B. Wilbur, Asylum for Idiots, Syracuse, N. Y. ; and Dr. George F. Shrady, of New York City.

In accordance with the previous adjournment, the Association was called to order at 10 o'clock, A. M., Monday, May 28th, 1860, by the President, who on taking the chair, spoke as follows :—

“ GENTLEMEN OF THE ASSOCIATION : In opening this morning the proceedings of this the fifteenth convention of this Body, the occasion seems too interesting to pass without some expression of the common sentiment of gratitude, which I am sure pervades every one of us, in a re-union which we all contemplate with pleasing and safe anticipations. Rarely, and perhaps never, have we met under circumstances so auspicious. We are here again, in the city where our Association first took its present form, with numbers largely augmented, with zeal undiminished, happy in the new friendships to which our widening specialty annually introduces us, and still more happy in re-cementing those old friendships, long inwoven with our most sacred sentiments.

“ I am happy to announce that, so far as I am informed, death has made no inroad upon our number for the year past, and the exceptions to the prosperity of the institutions which we represent have been so few, as to lay us under the deepest obligations to that providence which controls all interests. I know that I but speak the common voice, when I bid to each a free and heartfelt welcome ; only urging the reminder, that if each will add something to the common stock, all will have much to carry away.”

The minutes of the previous Meeting were read and approved, af-

ter which the Chair appointed the following gentlemen, members of the regular committees :—

Drs. Kirkbride, Chipley and Harlow, the Business Committee ; Drs. Nichols, Waddell and Smith, the Committee to recommend the time and place of next Meeting ; Drs. Tyler, Brown and Cheatham, the Committee on Resolutions.

The Secretary next read letters from Drs. De Wolf and Stabb, regretting their inability to attend the Meeting.

Dr. Kirkbride, in behalf of the Business Committee, proposed the following arrangements for the Association : On Tuesday morning, to visit the Pennsylvania Hospital for the Insane ; on Wednesday afternoon, to visit the Frankford Asylum, under the care of Dr. Worthington ; and on Thursday afternoon, to visit the Insane Department of the Philadelphia Hospital, in the charge of Dr. S. W. Butler.

Dr. Curwen, in behalf of Dr. Jarvis, who was absent, then read an elaborate paper on “ The Proper Functions of Private Institutions or Homes for the Insane.” [Dr. Jarvis’ paper forms the second article of the present number of the JOURNAL.]

The discussion of the paper was commenced by Dr. D. T. Brown, who said that he was aware that there was a very great prejudice, on the part of gentlemen connected with large institutions, against those of a private character, and that within certain limits that objection was valid. He thought, however, that with the advancement of any country in wealth and luxury, private asylums would necessarily increase in numbers, in order that the distinctions of the different classes in society might be properly recognized. Seeing this to be the case, the question would arise, How could it be best effected ? He knew of no other way than by a reliance on the character of the proprietor. He had reason to believe that there were such managers, having charge of the smaller institutions, who not only did infinite honor to themselves, but to the profession at large.

Dr. Waddell was of the opinion, that just so far as the arrangements of the public institutions for the insane corresponded to those of a domestic kind, just in that proportion did they approach perfection ; and these institutions were best adapted to the greatest number of

patients, of every social position. Still there was an exceptional class, few in number, who might be managed more satisfactorily, both to themselves and their friends, in private institutions. He believed that Dr. Jarvis' institution was of the kind indicated, but also thought that public opinion was increasingly favorable to the general patronage of the large and well appointed hospital. A case in point recently came under his observation, where a person in the higher walks of society, afflicted with recurrent mental disease, and who was first in a private, and afterwards in a public institution. A strong dislike was entertained by him towards the system of having an attendant always watching, and great pleasure expressed in having the freedom of large halls and insane associates.

Dr. Rockwell did not see any advantages which a private institution possessed over one of a public character, unless the patients to be treated in the former class of establishments were almost constantly attended, either by the physician or some other intelligent person, in order that the mind would be so occupied as to give but little opportunity for indulgence in "day-dreaming." In public institutions, he thought this desirable diversion of the mind was a great deal better effected by the superior classification which could be made, so that the patients could mutually benefit each other.

Dr. Cook stated, that he had been for several years the resident physician of Brigham Hall, an asylum which had its origin in private or individual effort. It was now incorporated by act of Legislature. Dr. C. gave a brief sketch of the origin and history of Brigham Hall, the extent of its accommodations, &c., and remarked that the principles laid down by the Association had been followed, in its construction and organization. He also placed upon the table, for the inspection of members, a ground-plan of the institution. His experience had led him to concur with the views expressed in Dr. Jarvis' paper. There were some patients who could be made more comfortable in a small household, with a degree of liberty and discretion allowed them, incompatible with the ordinary regulations of large asylums. He thought the usefulness and success of hospitals for the largest number of the insane, would continue to depend upon

their facilities for classification, and the degree of skill exercised in their general and professional management.

Dr. Kirkbride did not think that Dr. Jarvis, in his paper, properly estimated the value of a complete classification. He thought that it was very seldom, if ever, that as many as three patients, treated in a family, could belong to the same class; a circumstance which was of the utmost importance, when the welfare of each of the patients was taken into account. If, on the other hand, they were separated from each other, they would of necessity be subjects of solitary confinement. He believed in the advantage of assembling together a number of any particular class, in a ward by themselves, and had seen more than once proved to his entire satisfaction, the value of such a procedure, in a sort of control which one exerted necessarily over the others by such contact. He regarded the matter of prejudice, as due more to the friends of the patients than to the patients themselves, who not unfrequently expressed a decided wish to become an inmate of a hospital. He thought that it was the duty of all who were connected with such institutions, to impress upon the mind of the community at large the important fact, that preference should be given to those places where the patient was apt to recover the soonest. In relation to the privileges granted to patients, he did not think they were deprived of any, in a well regulated institution, that they could enjoy in a private family.

Dr. Hills was inclined to think that a private institution might be made as serviceable as a public one, if all other things were equal. He considered many of our best institutions in this country as really private; those established by contributions of benevolent private parties, and in no manner controlled by statute laws. He had but little fear of abuses arising here, as had existed elsewhere, owing to the active vigilance and sovereign spirit of our people. One essential feature of a good curative institution, was a reasonably large number of patients, to admit of complete classification and association. The latter element was important for the benefit of example, and the attrition of mind upon mind. Public institutions were sure to be large, private ones might or might not be so. He thought *small* private institutions very objectionable.

Dr. J. S. Butler was of opinion, that private asylums are practically divided in two classes ; one having the character, classification and arrangement, on a small scale, of the public institutions, and the other a home for patients, who should be under the care of a physician fully competent to treat such cases. He, with Dr. Kirkbride, believed that the public institutions were calculated to meet all the requirements of any given case, but besides gave the great advantage of allowing the patients to mix with others, for whom they had a sympathy, and over whom they could exercise more or less control. He had frequent opportunities of proving the efficacy of such association, and, as an illustration of this, he stated, that having occasion once to converse with quite a number of his most intelligent lady-patients, in reference to principles of treatment upon which their cure depended, on his leaving the ward one of the patients present took up the thread of his remarks, and made the most happy application of right principles to each one of her associates, ending with an excuse for her own actions, by saying that they ought to be thankful they were not in her condition. Whereupon they all turned their thoughts towards her pitiful state, and succeeded in convincing her not a little, at least a great deal more than he had been able to do, concerning the course which she should pursue.

He looked upon the prejudice of certain parties against the asylum, as based upon ignorance of the disease and its proper mode of treatment. He was happy to say, that such distrust of the advantages of asylums was rapidly giving place to confidence ; that the community were beginning to look upon insanity as a physical disease, to be treated with the same consideration as typhoid fever and pneumonia, and not as a crime, for which disgrace should be the only reward. He stated that patients not uncommonly came of their own accord, and very often, after leaving the asylum, recommended others to avail themselves of the advantages they had enjoyed.

Dr. Worthington fully agreed with the members who had preceded him, that the insane could be treated more effectively in large companies, than in small, private institutions. He believed that the greater the number under the care of the physician, provided it was



not too large for his daily, personal inspection, the more effectually could a complete system of moral treatment be carried out, and the discipline of the institution be enforced, and the less would the necessary restraint be felt by the patients. So far from the influence of the insane on each other being injurious, he thought the amount of entertainment they afforded each other in conversation, and in friendly, social intercourse, was greater than could be furnished by any amount of personal effort, of the attendants, or even by the physician. There might be cases which could be advantageously treated in private asylums, but in this country the popular feeling was opposed to them, and there was no legal authority to receive patients into such institutions. In State and incorporated institutions, the acts of the legislatures establishing them, and in England the sheriff's license, in the case of private asylums, grant the authority to receive patients; but in this country there is no legal sanction, other than that conferred by legislatures, upon institutions recognized by them, for depriving the insane of liberty for the purpose of medical treatment.

At the request of the President, Dr. W. related a case, which occurred a few years ago in the institution with which he is connected, of a patient who, after his recovery and discharge from the asylum, commenced a suit against all its officers, and most of his own family, and others who were instrumental in placing him in the institution. After a trial of several weeks duration, the jury returned a verdict of acquittal as to the officers of the Asylum, but gave heavy damages against the friends of the patient who had placed him there. In this case the institution was cleared, but a private individual would be liable to an action for damages for every patient he received, and to have a verdict given against him, with but little regard to the actual merits of the case.

Dr. Ray, while willing to admit that the larger proportion of patients would be far better managed and more speedily cured in the public institutions, yet thought there was a certain class, necessarily very small, which could be better cared for in a private asylum. Each case of insanity, in his opinion, should be treated as such by



itself. Some cases did not stand in need of the discipline of a public institution, and were all the better for those little liberties which cannot be granted in such a place without seriously incommoding, and perhaps retarding the cure of those about them. He recommended the removal of a patient from his asylum to a private one, because there she could be permitted to have a fire in her room during the night, and have a candle burning at the same time.

It seemed to him that the moment the peculiarities of a private asylum were dropped, and the characteristics of a public institution adopted, it was at the expense of the advantages of the former, without gaining any advantage from the latter. The moment guards were put upon windows, locks to the doors, and the supervision of directors instituted, the asylum became, to all intents and purposes, public in its character. He maintained that the rule should be rigidly enforced, that none but the right kind of patients should be received in the smaller and private institutions, and if every man were as judicious and conscientious as Dr. Jarvis, in his selections of cases, there could be no trouble in the matter.

Dr. Buttolph was under the impression that the number treated in private asylums, as far as good results were concerned, did not compare favorably with the practice in the larger institutions, inasmuch as the latter possessed a great many more facilities for successful treatment.

The hour for dinner having arrived, the meeting was adjourned until 3 o'clock, P. M.

#### MONDAY AFTERNOON.

The Association was called to order by the President, and the discussion of Dr. Jarvis' paper resumed.

Dr. Tyler thought that the paper referred more particularly to the private asylums abroad, than at home. So long as a small institution, such as the one Dr. Jarvis presided over, was in as safe hands as at present, there was no fear but that the patients would have every comfort and be treated skillfully; but he could conceive the possibility of another person's abusing such privileges to the greatest degree.

Dr. Kendrick remarked, that he considered the paper by Dr. Jarvis a very interesting and suggestive communication.

He considered that the comparative merits of public and private asylums for the insane, must depend upon their respective systems of organization. Strictly speaking, there were but few public asylums in the United States; *i. e.*, institutions supported directly by State appropriations. While asylums organized by private enterprise, but carried on under an act of incorporation, might be safely allowed, indiscriminate and merely speculative projects for the care of this class of unfortunates should be discountenanced, and any effort to introduce so obnoxious a system into this country, should meet a prompt rebuke, and the unrelenting hostility of this Association.

To accomplish the grand result, aimed at in every institution for the insane, *viz.*, the recovery of the patient, all the appliances necessary must be had. These are found, under different circumstances, in isolation, classification or proper association, and mental diversion. The full extent of the latter, upon which the successful treatment of the great majority of cases mainly depends, is only attainable in those public institutions which are amply provided for by legislative appropriations, or in private institutions liberally supported by remunerative patronage and philanthropic donations.

The greatest benefit is, no doubt, to be obtained through individualized treatment. To carry this out in the highest degree, the pecuniary means must be adequate, and here is the point in which State institutions fail, and properly organized private asylums possess superior advantages. Hence it is legitimate to conclude, that while irresponsible *mad-houses* are not to be tolerated in any locality, and private asylums may not be needed in those States where the large public asylums are placed upon such a pecuniary basis as to afford specific treatment to the various classes of society embraced among the inmates, in other States, whose institutions are strictly benevolent, private asylums, properly organized under an act of incorporation, may not only be consistently created, but prove invaluable auxiliaries to the larger establishments, in furnishing a home and means of treatment to those who are excluded from the State institutions by

the restrictions of law, or to whom former habits of life and social relations, render the promiscuous associations of large hospitals distasteful.

Dr. Smith said, that while he entertained no doubt a very large majority of all the insane were far better adapted to public institutions than private, he could not see why a medical gentleman, of proper qualifications in our specialty, might not organize a private asylum for a certain class of patients, with good results. A private asylum, however, conducted upon any other plan than correct classification, he doubted not would be attended with any other than good results, and should not be countenanced by this Association.

From the tenor of his paper, Dr. Jarvis evidently thought there were but few of the great mass of the insane suited to private asylums. We all know there is a class of uniformly quiet, orderly, and well-behaved patients, who have a great aversion to being sent to our public institutions, and thus being regarded insane, who, in all probability, would cheerfully go to a private asylum, as boarders in a pleasant family; and there were many such patients who would constitute pleasant members of such a family. Private asylums would not be appropriate for that class of the insane requiring compulsion, on the part of friends in sending them from home. Indeed, such institutions are designed, as stated, for those who are uniformly tranquil, and have great aversion to restraint, and, especially, to "having a key turned upon them."

If there be a necessity for these asylums, it would exist to a greater extent, of course, in some communities than others, and no reason occurred to him why, if pleasantly located, and with competent superintendents, a small number of patients, such as described, and properly classified, could not enjoy all the advantages they would in public hospitals.

Dr. Chipley wished to express an opinion, which was most decidedly against private asylums. It seemed to him that, if once admitted as legitimate, there would be no guarantee for their character, nothing to prevent any unprincipled man or vicious woman from entering upon the management of one of these, merely as a matter of

speculation. At all events, he thought that the Association by countenancing them would run a great risk. He did not see any advantage in a private asylum, which could not be had in an incorporated institution.

Dr. McFarland remarked, that there could be no mistaking the drift of sentiment, on the part of the Association, as being clearly against institutions of a strictly private character. Yet there might be advantages in them, extremely favorable to the treatment of the milder forms of mental disease. None could doubt, for instance, that the poet Cowper found, in the quiet seclusion of Dr. Cotton's establishment at St. Albans, a relief which his sensitive spirit would never have gained in the mixed associations of a more public institution. But, on the contrary, the case just cited by Dr. Waddell, where the lady with the experiences of both in mind, chose the public institution, well illustrates the effects of both on those best qualified to judge, *viz.*, the patients themselves. Those institutions which we now regard as of a mixed character, where the safeguards of a corporate supervision are conjoined with an independence of State control, he regarded as furnishing the type of institution most likely to commend itself to our national habits, feelings and institutions. The McLean Asylum, the Retreat at Hartford, the Bloomingdale Asylum, and the Pennsylvania Hospital for the Insane, (Dr. Kirkbride's,) were good illustrations of the permanent success of institutions of this character.

A prediction in regard to the future of any class of American institutions, might perhaps bear the aspect of a profitless speculation, yet he thought it no great risk to express the belief, that the purely State institution could scarcely outlive the present century. It must eventually meet those obstacles that hamper the success of most enterprises which States attempt to manage, and escape their usual fate by being handed over to corporate control. He stated this belief, notwithstanding the favor extended to what we consider State institutions is still at its flood, and many of them are quite old. Yet he believed the ebb must come, with results by no means unfavorable to the institutions themselves.

Dr. Hills, having recently, while in Washington, had an interview with the physicians of the Japanese Embassy, was called upon to state the information he obtained of them in relation to insanity in Japan. He said he had many difficulties, from having an unprofessional interpreter, but had obtained a few important or interesting facts. He learned there were but few insane in Japan, the proportion, as near as he could learn, being much less than with us. They have no hospitals for the insane exclusively. Those who are wealthy are kept at home, and there treated privately. The paupers are taken to the general hospitals for treatment. In Jeddo there are four of these hospitals, with 500 to 800 patients in each. Of this number there may be twenty "fools," under which term they include the insane and the idiotic. When asked if this class were ever chained or manacled, they smiled at the suggestion of such an idea, and answered promptly that no personal restraints were ever used; that when they became excited or unmanageable, they were given medicine, (the nature of which could not be learned, but probably narcotics,) and when these failed to answer, they were confined in separate rooms until the paroxysm was over. They never bleed in insanity, nor indeed in any disease, except by means of leeches. The conclusion was drawn, that on the whole, the insane were treated in a humane and judicious manner.

Dr. Athon stated, that he also had an interview with the physicians of the Embassy, and was fortunate in securing the services of the chief interpreter. He ascertained that insanity is less known in Japan than in America, the average of cases being one to every three thousand inhabitants, while in the United States it is in the proportion of one to every twelve hundred. Seven-tenths of the insane persons in Japan are females. Remedies for the poorer classes are provided by the government, in public hospitals. As medicine opium is sometimes used, but not universally. Bleeding is not resorted to, and the patients are confined only in extreme cases. The shower-bath is frequently applied. The diet is unchanged. Of every one hundred who are affected, about sixty are restored; the same proportionate number as in the United States. They stated that they



had never known insanity to result from *coup de soleil*, inebriety, or puerperal fever. Punishment is never inflicted upon the insane. Mental disorders are most frequent in the middle classes, and are more general in cities than in the country.

Dr. Harlow read an interesting paper on "Inebriety considered as a Disease." We are able to give here an abstract only.

He considered that whosoever should carefully remark all the phases of the specialty, to which the gentlemen of this Association have devoted the best energies of their lives, could not fail to observe a disease termed dipsomania. He would adopt the more recent term of oinomania, and define it to be an irresistible desire to indulge in the use of intoxicating substances. It differs from drunkenness, and should be carefully discriminated. The one is a voluntary act, the other an utter inability to control the thirst for stimulants. It matters little to the oinomaniac as to the kind of liquor he takes, the most loathsome is not unfrequently swallowed. The tendency to this form of disease is hereditary. It is often observed in persons predisposed to other kinds of insanity. This character of the disease is distinctly marked in the greatly increased liability to insanity and idiocy, which exists in children born of inebriate parents. It is recognized as appearing in three different forms; the acute, paroxysmal and the chronic. The first is much more rare than either of the others, and arises from various physical conditions. It yields readily to treatment. The paroxysmal variety appears much more frequently than the acute. It occurs at irregular intervals, and lasts one or two weeks. While suffering from this form of disease, the patient will consume an almost incredible amount of alcoholic liquors. The intervals between the paroxysms may continue weeks, and even months, during which the patient has no desire for stimulants, and even loathes them. Injuries upon the head occasion this form of disease, and it is also produced by an over-worked brain. To the latter may be traced a large proportion of the cases of general paralysis, which are so frequently attributed to intemperance.

The third or chronic variety, is by far the most frequent of them

all, and the most intractable, as it regards treatment and cure. The patient, completely overwhelmed with the desire for stimulants, sacrifices everything that makes life attractive, to this irresistible, insane impulse, under which he continually labors. The causes of this are the same as those of the other varieties of the disease, which are very liable to run into the chronic form, if not properly treated.

Owing to the fact that all cases of inebriety, without distinction, have been looked upon as the result of moral obliquity rather than physical weakness, they have been left to take their own course. But the poor, unfortunate inebriate is beginning to receive a more benevolent consideration. The first step in the treatment of inebriety or oinomania is seclusion. Without it the disease cannot be successfully treated. Many laboring under this form of disease are treated in hospitals for the insane, but, in his opinion, they required different arrangements. They should be provided for in an entirely separate and distinct institution, and not be obliged to mingle in the society of patients in an insane asylum, as no benefit arises to either class from the intercourse. This, we are gratified to know, will not long be necessary. An asylum for this needy class is now in process of erection, in the town of Binghamton, N. Y., the first of the kind, on a liberal and scientific basis, in the country, or in the world. He could not refrain from alluding, in this connection, to the energy and indefatigable exertions of Dr. J. Edward Turner, "the first man who proposed, and advocated, and successfully carried into effect the project of an inebriate asylum."

Dr. Kirkbride considered the subject of the paper a very interesting one, and agreed fully with Dr. Harlow, that it was extremely desirable that such a class of cases should be treated elsewhere than in hospitals for the insane. Some cases recovered by a protracted confinement. Perhaps eight out of forty or fifty, that had come under his care, had done so. He regarded the influence of such cases upon the insane as very unfavorable, and as associating the victims of vice with those of a disease. He did not see what benefit could be derived from an institution, into which a dipsomania could be allowed to enter in the incipient stage of *mania a potu*, to leave it as soon as all urgent symptoms had passed off.



Dr. Waddell agreed with Dr. Kirkbride, regarding the unfitness of lunatic asylums for the treatment of the victims of inebriety. In his section of country, there was but one institution for the insane, and that had to meet all the wants of the community. Consequently dipsomania could not be excluded. He had found that this latter class of cases was very troublesome, being extremely noisy in the first stage of the disease, disturbing every one in their immediate vicinity, and during convalescence annoying the other inmates of the asylum by obtrusive inquisitiveness. He looked upon any such association as injurious to both parties.

Dr. Rockwell stated, that, as the result of his experience, inebriates could be divided into two classes. The first was composed of those persons who had been addicted to drink from childhood, becoming "fast boys," and finally ending in broken-down men. In the second class, he placed those who had abstained from liquor until they had arrived at an adult age, and then were tempted into the habit by social influence, or perhaps, as they might allege, by the physician's prescription. There was a marked difference between these two varieties, in the matter of prognosis. In the first class he had never known or heard of a perfect recovery, while in that last referred to such results were common. After having remained sufficiently long in the institution to conquer their appetite, they became steady men, and good members of society.

He said that if he had charge of an inebriate asylum, he would only have those belonging to the second class admitted, inasmuch as, in his opinion, the others could only remain sober when there was no opportunity offered them of obtaining drink. He did not think it was necessary to place any of them under lock and key, as there was strength of mind enough left in those who were not habitual drunkards, and sincerely desired to reform, to bring about the desired result. In the first class, however, it was altogether different, resolutions for reform being worth nothing at all, when any temptation arrayed itself against them.

In answer to a question from Dr. Tyler, he stated that he had known of a case that had reformed for a period of ten years or more, and still continued a temperate and sober man.

Dr. Hills recognized dipsomania as a physical disease, but his experience as regarded any good results from treatment, coincided with that of the other members of the Association. He was very much gratified to hear that there was an institution in progress for the treatment of the disease, though he confessed he had serious doubts concerning the success of the endeavor. In studying up the subject of hereditary taint in connection with the cause of insanity, he was struck with the frequent occurrence of insanity in children, as the result of intemperance on the part of their parents. He was well satisfied, as the result of his observations, that indulgence in drink was a very prolific cause of insanity, and one which was not sufficiently estimated. In connection with these facts, he referred to one or two instances, where the parents in the early part of their married life were temperate, and had some healthy children, but on becoming addicted to intoxication, the offspring which were brought forth at that time showed the effects of the sins of their parents, in being either epileptic or idiotic.

Dr. J. S. Butler said, that he was much interested in the remarks of Dr. Hills, referring to the connection of hereditary intemperance with insanity. A large proportion of his patients had become insane, directly or indirectly, by such an influence. He had a ward especially devoted to the recent cases of *mania a potu*, but he regretted to say, that the majority became chronic in character, and had to be treated in company with the other inmates of the institution. Sometimes these recovered sufficiently to be discharged, but he was puzzled to know, when once freed from restraint if they ever remained so. He confessed that he had very little hope of any good being done by the establishment of an inebriate asylum, so long as spirituous liquors were sold on almost every corner of the street. He thought that very few when discharged could resist such a powerful temptation, as was thus set before them. It was necessary, if any good result was aimed at, that the drunkard should have something more than the mere negative idea of abstaining; he should have some other object in view, which, by occupying his mind, would render him less liable to fall into temptation.

Dr. Cook said, that he would have a great deal of hesitation in placing among the forms or phases of insanity, a mere irresistible habit of drinking spirituous liquors. He could not recognize such a disease, the existence of which was indicated by that single symptom. There were cases of insanity, in which the craving for alcoholic drinks co-exists with other unquestionable symptoms of diseased cerebral action, and these should receive the attention of the medical observer. But if the apparently irresistible desire for stimulants be the only symptom, how was dipsomania to be distinguished from common drunkenness? And if drunkenness is to be recognized by the medical profession as indicating insanity, where will it lead us, and what will be the legal relations of this class of cases? He thought it was of the utmost importance, in a medico-legal point of view, that the members of this Association should be exceedingly careful to draw a comprehensible distinction between the mere habit of drinking, on the one hand, and that phase of insanity to which the name dipsomania has been applied, on the other; and by way of illustration he referred to a case that had come under his observation.

In regard to the success of treatment of these cases, in asylums for the purpose, he had grave doubts. In about forty or fifty cases which had been observed by him, placed under the restraining influences of asylums, only two withstood temptation for a period of ten or twelve years.

Dr. Buttolph did not see why the brain could not become diseased as well as the morals, at least he thought it was charitable to take such a view of the case. He did not think, however, that treatment could be of any avail in the disease, if power was not vested in the officers of any such institution to retain the patients a sufficiently long time to allow them to overcome the disposition to drink, by abstinence, and give them strength of mind enough to keep their good resolutions. An institution without such power, would be a stopping-place only long enough for the patient to recover from a debauch.

Dr. Worthington stated, that cases of *mania a potu* were formerly received into the Friends' Asylum, and were always discharged res-

tored as soon as the immediate effects of the alcoholic poison had passed off. None of these cases had ever been reclaimed from their habits of intemperance, because they were never willing to remain long enough in the institution to effect such a result. They always gave a great deal of trouble, and their presence was considered injurious to other patients; and it was finally concluded to refuse all such cases, on the ground that *mania a potu* was not insanity, and that no amount of uncontrollable impulse to drink, unconnected with other symptoms of mental derangement, was sufficient evidence of insanity to justify detention in an asylum.

Dr. Athon recognized as a form of insanity the disease denominated dipsomania, and his experience in most cases led him to believe that there was an alcoholic diathesis, transmitted from father to son. He was struck very forcibly with one fact, to wit, that he had never known a patient permanently cured of the habit of drinking, who had once suffered from an attack of *mania a potu*. He had known cases where intoxicating liquor had been abstained from for a period of twelve years, at the end of which time the victim took to his cups again. He doubted very much the practicability of an institution for the cure of inebriety, and did not think that a cure could be effected.

Since the passage of the Maine Law, he was aware that liquors were more extensively adulterated than before, and as a consequence insanity in its various forms was more rife.

Dr. Tyler thought, that the dipsomaniæ had many points of resemblance to the drunkard; that in this, as in other instances, there were cases which were doubtful; that border cases were always doubtful, while others showed their distinctive features so clearly as to leave no doubt. The form of emotional insanity, described so clearly by Dr. Ray in his jurisprudence, which consists principally of excitement,—of exaltation without delusions,—in its incipency is never recognized. It is only after a while that the severest cases are discovered to be *morbid*, and especially do slight attacks of this form of disease so closely resemble simple excitement as often to deceive. But that there are clear cases of dipsomania, no one can doubt who

has once met with a person who, for instance, has always been sober and temperate, but who after some calamity or affliction, or after a fit of sickness, suddenly takes to deep drinking, and this disposition is a marvel to himself, and a great grief, and is entirely uncontrollable. And so with many persons, who, at certain seasons, will feel a disposition to drink approaching, and will beseech of their friends to restrain them, to place them where they cannot debase themselves; and there are a multitude of other varieties which might be brought forward.

Dr. Smith said, that he had never had a well marked case of this form of insanity, and hence could add nothing from his own observation or experience. He might say he regarded this as a specific form of insanity, and the inevitable tendency to indulge in alcoholic drinks, its striking characteristic. Indeed, he entertained no more doubt of this form of mental disease, than of homicidal or suicidal impulses, with the absence of the ordinary indications of insanity.

Dr. Chipley maintained that there were very obvious marks, by which dipsomania could be distinguished from common drunkenness, though it was difficult for him to describe such in words. In his opinion, the common drunkard indulged deliberately for the gratification of his appetite, while the dipsomaniac seemed to drink against his will, the act itself *appearing* to give pain rather than pleasure. One seemed willing to sacrifice anything in order that he might be indulged, while the other would appear to beg to be relieved from a necessity.

There was another thing, which satisfied his mind in regard to the existence of such a disease as dipsomania. Comparing the stomach of a moderate with an excessive drinker, in the latter case very obvious disease would be found to exist, and he had no doubt that proper investigation would show the presence of disease of the nervous system also. He had no hesitation in declaring dipsomania a physical disease. In reference to the Inebriate Asylum to be opened in New York, he anticipated the most happy results.

Dr. Cheatham recognized the existence of dipsomania as a disease, and that it was a very troublesome one to be treated in insane asy-



lums. He had known patients to be attacked with paroxysms of that disease, and, notwithstanding all the power of will at their command was brought to bear against it, they were finally compelled to yield. He stated that he could never have confidence in the entire reformation of any one who had become the victim of indulgence. He would not consider them safe if a period of thirty years abstinence had elapsed.

Dr. Curwen knew of a man who suffered from an uncontrollable desire to drink, and had been striving, by all the means that lay in his power, to overcome the habit; a circumstance which proved quite conclusively that such desire was the result of a diseased action. In consequence of the patient being compelled to yield every now and then, his mind has become so much weakened that he is totally unfit to engage in any lucrative business, which his previous mental organization would have entitled him to do. As the result of his observations, he was very skeptical concerning the perfect recovery of any dipsomaniac.

Dr. Waddell, in order to prove the existence of dipsomania as a disease, cited the case of a wealthy gentleman in his neighborhood, who was forced to indulge quite frequently, and, knowing his inability to resist, in one of his lucid intervals secured his property for the benefit of his wife and children.

Dr. Harlow stated, that upon hearing of the ill-success in the treatment of cases, it had occurred to him whether such a result might not be due to the fact of want of time, or perhaps a lack of patience in following up the disease.

On motion of Dr. Kirkbride, the Association adjourned, to meet at 10 o'clock, the following morning, at the Penn. Hospital for the Insane.

#### TUESDAY MORNING.

The members met, according to previous arrangement, in the new building, forming the Department for Males, of the Penn. Hospital for the Insane, at 10 o'clock. Two hours were then agreeably and profitably devoted to an inspection of the complete economical and architectural arrangements of the new institution.



On the meeting being called to order, at 12 M., by the President, Dr. Kirkbride took the chair, and Dr. McFarland proceeded to read a paper on "Attendants in Institutions for the Insane," as follows :—

WERE we to draw a picture of the circumstances most favorable to the treatment of insanity, they would unquestionably prove different, in essential respects, from those familiar to us under all existing arrangements. And, first of all, the differences which our minds would suggest, would be the bringing the case to be treated more directly under the influence and control of the individual responsible for the result. We should demand that the subject under treatment should shape his manner of living, in all its minutiae, to the hourly prescription of his superior; that the superior should be as well advised in regard to the clothing worn, the food eaten, the exercise taken, and all the other influences acting on the subject, as he is of the same influences acting upon himself. Nay, more; he would require that the spirit of his own being should infuse itself, so far as it is possible, into the mental and moral life of his subject, until the latter would become elevated by his smile, would bow at his reproof, and, in all respects, regard himself as the dominant and good spirit from which the subject-mind was to catch all its motive forces. Like another and a benignant Prospero, the superior mind controls, for the best of purposes, the Caliban whom disease brings under his direction. To give another form to the same idea, we should suppose the function of the superior in such a case to be, to take note of portions of the mental machinery of the subject which were unfitted for independent action, and supply, from the abundant resources of his own being, such as are wanting or defective. If the common figure of a de-throned intellect were allowable, we should constitute the superior thus supposed a sort of regent, empowered, as in other regencies, with full sovereignty in respect to the powers which the subject is declared unable to exercise, as well as the person of him out of whom, in his healthy state, those powers proceeded. The superior thus supposed takes full possession of the subject; acts for him, thinks for him, involves within himself his responsibilities, and becomes ac-

countable for him, both to the God who created him, and to society, which is formed to see him protected.

It is plain to be seen that such a complete shaping of the relations between superior and subject as we have supposed, can exist only in imagination, and yet that it is in some sense the true condition aimed at, is unquestionable. The obvious reason why this intimate and effective relationship cannot be sustained is, that the labors and usefulness of the single individual standing in the superior position, must be limited to a degree intolerable under existing circumstances. Even if the superior supposed could devote himself exclusively to the one subordinate, the relationship would become monotonous and wearisome, and a change of persons would constantly be demanded, although the concentrated relationship of a single superior and subject were maintained.

From the first existence of hospitals for the insane, an intermediate class between the superior and the subject, must have existed. From the multiplication of those institutions in this country, these subordinate agents have so increased that they are gradually assuming position as one of the minor professions. Within the circle which this Association embraces, they probably number two thousand persons, and will increase with the growing importance of the specialty to which they are attached. Their increasing numbers, and their great importance in the machinery of hospital management, make it full time that their qualifications, duties and awards, should be canvassed and established.

It needs no words in this auditory to describe the importance of the hospital attendant. It is to his faithfulness that the success of hospitals in their high function is due, and from his delinquences comes the atmosphere of distrust, that may so easily gather around those most favorably situated and richly endowed. Not more assuredly can the small worm that riots in the massive timbers of the ship becalmed in the tropics, send her with all her rich freight to the bottom, than can a troop of ill selected and ill disciplined hospital attendants wreck the reputation of any institution in which they find lodgment. If they distinctly stood before the public eye, with pow-

ers and responsibilities of their own clearly defined, we might dismiss them with slight attention. But it must never be forgotten, that when society commits to the responsible head of an insane hospital a stricken fellow-being, whose charge is at the hazard of all his custodian holds dear to himself, it conceives of this class in the background, as a set of agencies as fully under his control as the fingers upon his hand, and admits them to no share of those fearful visitations that follow an unsuccessful issue. Can we view those crushing weights of public censure which an insignificant, unseen, and irresponsible agent may bring down upon his principal, and not fully inquire if we are defended as we should be, and perhaps may be, by guarding the terms of the relationship?

I propose to leave unconsidered, as not required in this auditory, most of the qualities which attendants as individuals should possess, such as energy, kindness, sobriety, &c., and only discuss those points which do not decide themselves. Yet there is one quality, the lack of which should, in a most especial manner, set aside any one who would assume those duties. No individual should ever be trusted in this capacity, who cannot implicitly and promptly comply with the wishes of the head of the institution in which he is engaged. What might be a servility in other departments of hired service, is only a just and proper requirement, in an employment so responsible as this. No superintendent of a hospital for the insane should omit, in his regular injunction of rules, to place the reasons for the most strict compliance with his wishes, in strong light upon those who are to execute them. If this should become more a usage in all our institutions, it would gradually bring up the tone of strict and healthful discipline, throughout our whole specialty. Certainly, the stern necessities of military service do not require any more prompt compliances than our own.

It might seem that the duty of simple and implicit obedience is so perfectly plain, that it might be left among those too obvious to demand notice. But I suspect that we too much rank the hospital attendant with those who fill ordinary spheres of duty about our institutions, covering his defects with the same veil of indulgence that a

considerate superior uses toward his dependents, until, in some fatal moment, we discover that accountability never accepts the only plea that we are prepared to enter. There have been many, I doubt not, having our responsibilities to bear, who will readily endure fatigue, sleeplessness, or any other form of self-imposed privation, but who have too much of a mistaken kindness of heart to visit a just penalty on an attendant, who is in his bed while his patient is lacking some easily supplied necessity for his comfort. I doubt if there be any man whose conduct toward others is regulated by the ordinary dictates of probity, that can look back on a few years of experience in such a duty as ours, and feel that his errors towards this class of subordinates have ever been a too severe exaction in the performance of duty ; and the position of that man (if any such there be,) whose orders must be executed by those over whom he has not entire control, must be unhappy indeed.

It may be one of our first questions, whether, in our American institutions, we are not in the habit of entrusting such responsibilities to those incompetent to their performance, through immature age. From a respectable list of applicants for such service, I found that a majority of females did not exceed twenty, nor of males twenty-three years of age ; and as some of these had already seen length of service in other institutions, it is reasonable to suppose that employment at that early period in life is not rare. With the little knowledge of the world possessed by the class out of which such persons come, it is not possible that the insane in our hospitals—many of them men and women of age, intelligence, high self-respect, and pride of character, heightened in numerous instances by mental disease—will hold them in sufficient consideration to permit of their easy performance of duty, even granting them natural capacities for it. Few persons less than twenty-five years of age have the maturity of judgment to make them successful attendants upon the insane ; though sometimes a female attendant, having had superior home-training, may be found of less age doing duty to satisfaction. Warned by repeated failures, I have found twenty-three an age not safe to fall below.

I cannot say from experience that any nationality more than another—colored races of course being left out—can be relied on to supply us with recruits for this service. Good attendants may unquestionably be made from Teuton, Scandinavian and Celt. The safe rule I consider to be, to select the attendant whose birth-place, education, and habits of life, will best enable him to comprehend the views and policy of the director whose purposes he is to execute; and hence I would view with suspicion the suggestion sometimes made, that, in institutions receiving largely from the foreign races, certain wards may be set apart for the reception of particular nationalities, with attendants speaking the same language, and having supposed common sympathies. Some partial approach to such a system has failed in my hands. I found that where a native and a German attendant were associated in the same ward, the former was the more likely to be a favorite with his German patients than the latter.

Some years ago the question might have borne discussion, whether the insane should ever be treated with those of the opposite sex. The practice, once not uncommon, of entrusting the more violent female patients to the care of husband and wife, has now, it is hoped, become discarded. Yet it is still worth considering, whether the presence of more females, engaged in duties in our male wards, would not be attended with good effects.

My experience has been, that attendants should never be hampered in their duties by the marriage relation; that they should be single persons, and that on any change of the social state they should immediately abandon the service. Very rare is the woman who does not, on entering the married state, demand a new sphere for the exercise of her labors, making both herself and husband weary and dissatisfied; and it may be added, that the natural disposition of the whole class to complain of trifles, has a quadruple opportunity for exercise when they become intimate confidants, and sympathizers in each others' imaginary grievances. What superintendent who has employed this class of persons, thus circumstanced, is not familiar with the querulous visit of the husband, commissioned to bear the tale of woes comprehended in the last night's curtain lecture? Can



any measures be taken to gather these necessary adjuncts of our system into a trained profession, and give them greater permanency and reliability than they now possess? When this question is asked, we are apt to revert to the supposed advantages which our foreign brethren possess, in having always at command a tractable corps of attendants, obtaining their situation only through much competition, and being under every inducement to good conduct; and those visiting such institutions will remember nothing more distinctly than the obsequious deportment, and apparently good discipline of these subordinates. Yet a careful examination of the reports of the English Commissioners in Lunacy, causes us much to doubt if this kind of service is better performed, in the British Islands at least, than with us.

The recommendation sometimes made, and perhaps even now in vogue in some institutions, of granting a periodical increase of wages to all competent and faithful attendants, and causing others to vacate their places by an understood expiration of term of employment, may work to advantage. We unquestionably err in keeping individuals too long confined to this branch of duty, without sufficient opportunity for change and relaxation. The practice ought unquestionably to become more general than it is, of diversifying the duties of ward attendants, by insisting that they directly attend and aid those employed in the garden, field or workshop. The national habit of confinement within doors, finds none who follow it more to their own injury than the class of persons whom we have under consideration.

One of the crying evils of our American institutions is, a vagrant class of attendants, who pass from one hospital to another, commonly with a letter of recommendation open in their hands, as if it alone were at once a passport to employment and confidence. After being a few times imposed on by these peripatetics, one learns to avoid them as the crown of all the evils that can enter a public institution. Whatever of good qualities they may ever have possessed seem left behind, and they carry into any institution into which they find lodgment, a spirit of insubordination and mischief, as discreditable to the institutions in which they have been employed, as it is subversive to the discipline of those they enter. That change of resi-



dence is a right belonging to this class of individuals, as well as to all others, is not denied, and it should not be abridged; but when the passage is from one institution to another, the qualifications of the individual for the employment should be far more strictly inquired into than under other circumstances, because the temptation to do evil, as well as the opportunity, are tenfold increased. It strongly impresses me that the practice of giving written testimonials is a mischievous one, and that the privilege of reference had better be substituted for it.

It will be seen that these observations are made from a Western point of view; yet they have a vital bearing on the institutions of the East, from whence this migration comes. The provoking negligences, as well as the notorious abuses, to which some of these have addicted themselves, have their ready plea in what they unscrupulously declare to be a common usage where their duties have been learned; thereby coupling abuses and falsehoods together, with unblushing effrontery. To a Western institution filled with employees gathered from its vicinity, the attendant from the East comes as a teacher, and his instruction has a potency far above all printed rules or the injunction of the governing powers. I grant that it is difficult to decline the request of the employee, on leaving a service where his duties have been faithfully performed, that his work should have the manual approbation of him whom he has served; yet a wise man will learn how often such an instrument returns to plague the giver, and he to whom it is presented, under the circumstances above described, will also learn that the document becomes to him who bears it almost a fatal license in the work of evil.

In brief conclusion of this subject, it becomes all who must act through this class of subordinates to ask, whether the influences which move them as a body are the best which we can afford them. We know that the service on which they enter is, notwithstanding their oft expressed repugnance to it, one to which they attach themselves strongly, and that on leaving one institution they naturally betake themselves to another, unless some intervening accidental good fortune turns them into some other direction. It is a duty, then, to

see that none should be encouraged to enter it who have not the ground-work in youth, health, and a well adapted temperament. Whoever introduces into an institution one well fitted for these duties, instructs him in their performance, reproves his early errors, and shows him that faithfulness to duty has its reward in this, as in all other forms of service, deserves well of all who treat the insane in public institutions.

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An informal discussion of the subject of the paper, followed its reading. The views and experience of Dr. McFarland, with few exceptions, coincided with those of other members. While, however, most agreed in preferring the plan of employing inexperienced help, to be trained to their duties, several expressed great satisfaction with certain attendants who had come from other institutions, and acknowledged their obligations to the medical officers who had educated and recommended them.

In respect to the leaving out of the colored race from the list of those which might supply competent attendants, Dr. Cheatham remarked, that the most excellent attendants on his female department were colored girls, owned by the Asylum. They were more kind and faithful, and more acceptable to those of whom they had the care, than any white persons he could employ.

Dr. Kirkbride thought that the fact of nationality was hardly worth considering in the selection of attendants. He had found many superior attendants among the Irish, a class of whom most of the members had related an unfavorable experience, in their institutions. He approved, and had partially adopted, the plan of employing a few persons of a higher grade than ordinary, as lady and gentlemen companions to the insane. The sentiment of the paper respecting the employment of females, to some extent, on the less disturbed wards for males, he decidedly approved. He thought such a plan practicable, and likely to yield excellent results.

A comparison of the rates of wages of attendants in the several institutions represented, showed that while there was considerable difference in the amounts paid, this was due to a difference in the cost

of labor in general, in the various localities, and that nearly the same classes of population furnished the attendants employed by all. The general experience was in favor of the sliding scale of wages, by which, an increased rate being paid after certain periods of satisfactory service, the more valuable were retained.

At 2 P. M., the meeting adjourned, to convene the next morning at the Hotel. The members and their ladies were conducted to the dining-room of the Hospital by Dr. Kirkbride and his assistant physicians, where dinner had been prepared.

In the afternoon the members and guests proceeded in carriages across the grounds of the Hospital, to the Department for Females. Here the extensive gardens, lawn and groves, in almost summer flower and foliage, showed the result of many years tasteful and pains-taking cultivation, and were greatly admired.

Dr. Kirkbride afterwards received the members at his residence, and in the evening gave an elegant social entertainment.

#### WEDNESDAY MORNING.

The meeting was called to order at 9 o'clock by the President, at whose request Dr. Cheatham took the chair.

The Secretary presented invitations for the Association to visit the Academy of Sciences, Dr. Parrish's Training School for Idiots and Imbecile Children, at Media, and the Wooster Museum of the University of Pennsylvania.

On motion of Dr. Tyler, these invitations were referred to the Business Committee, to report.

The Association next listened to a paper by Dr. Ray, "On the various Mental Agencies, which have an effect upon the Mental Health."

This paper, in continuation of the same general subject treated in that read by Dr. Ray before the Association two years ago, is understood to form a chapter of an elaborate work, in course of preparation, and soon to be published. It is proper, therefore, only to give in this place a brief outline of its character.

The importance of a symmetrical development of the mental pow-

ers was first noticed, and, in connection with this, the error of a too great cultivation of the imaginative faculties was especially deprecat-  
ed. He next illustrated the facility with which day-dreaming, or  
reverie, passed into a state of positive hallucination. The ideal  
powers exercised by the poet and painter, were not, however, as de-  
bilitating as mere sentimental dreaming. A very common form of  
excess in the cultivation of pure sentiment, was that of a religious  
kind. This was no doubt the source of much mental vagary and  
weakness.

The law of sympathy or imitation was discussed at some length,  
and applied to the intellectual as well as the moral constitution of  
mankind. In its illustration from history, Dr. Ray alluded to the  
Reformation, the French Revolution, and to the great mental and  
nervous epidemics.

Upon the practical bearings of this law, although a decided change  
in its conditions was presented in mental disease, yet the influence  
of association upon the insane no doubt often illustrated its unfavora-  
ble influence. He urged the great importance of parents and others,  
selecting teachers who should be free from marked mental peculiari-  
ties. The province of education was, to determine the early and ha-  
bitual practice of necessary mental operations. The succession of  
mental habitudes so as to attain the highest mental health, was of  
the first importance. On this account frequent change of pursuit he  
deemed most unfavorable. As essential to regular mental operations,  
regular bodily employment was recommended; and, in closing, the  
subject of amusements, and its great importance, especially to the la-  
boring classes, was considered.

The reading of the paper was interrupted, and a recess of one hour  
taken, for the purpose of visiting, at the invitation of Mr. Stevens,  
the economical and sanitary arrangements of the "Continental."

The Association listened to Dr. Ray with much interest, but as  
few points likely to be dissented from were presented, at the author's  
suggestion, no discussion followed upon its conclusion.

Dr. Workman next read a valuable series of "Notes Illustrative  
of the Pathology of Insanity." [This paper is printed as the first ar-  
ticle of this number of the JOURNAL.]

At the conclusion of the reading, on motion of Dr. Hills, the meeting was adjourned until 3 P. M., to convene at the Friends' Asylum, Frankford.

WEDNESDAY AFTERNOON.

After having visited the beautiful and spacious grounds, and the well-ordered wards of the Friends' Asylum, the Association was called to order in the chapel of the institution, at 5 P. M., the President in the chair.

As the paper next in order of reading was stated to be similar in subject to that read by Dr. Workman in the morning, it was agreed that the same should be read, and the two papers be discussed in common.

Dr. Worthington then read an excellent paper, "On a Form of Insanity for which the name Congestive Mania has been proposed." [To be published in the next number of the JOURNAL.]

In opening the usual course of comment upon the two papers last presented, Dr. Ray stated that he had been unable to see that uniformity of symptoms which is said to accompany general paralysis, and doubted very much if such a grouping were essential to the existence of that disease. He had frequently met with cases where one or other of the prominent symptoms were absent to the last, especially disturbance of the muscular system, and yet he did not think that he had been mistaken in his diagnosis, when he regarded it as essentially the same disease as that called general paralysis. Ideas of great wealth or power were also sometimes absent, while all the other peculiar traits of general paralysis were present. Then, again, he had noticed that the symptoms did not follow any regularity, in reference to the particular time of their occurrence. Sometimes the impairment of muscular motion was the first thing to occur, but not unfrequently it was the last that showed itself.

In reference to the pathological anatomy of the disease, he thought that we were as much in the dark as ever, and there was but little doubt that such would be the case, until the microscope was called in to aid in the investigation.

In answer to a question from Dr. Kirkbride, he stated that in the last case of general paralysis he saw die, the power of speech was undisturbed throughout the whole course of the disease.

Dr. Kirkbride stated, that he had always detected some affection of the tongue, or at least a dragging in the gait; still he acknowledged that they were sometimes very slight. He concluded by lauding very highly the industry of Dr. Workman, in being able to present the result of such a number of *post-mortem* examinations to the notice of the Association.

Dr. Chipley, among the few cases that had come to his notice, had met with some where there was an absence of those delusions of wealth and power, but had never happened to see any whose muscular system was not more or less affected, especially the tongue. It appeared to him that the title of Dr. Worthington's paper was rather calculated to prejudge the pathology of the affection so described. In regard to Dr. Workman's paper, he did not think that a sufficient number of facts were collected to enable any one as yet to make any positive deductions, but he was very much pleased to see Dr. W. working in the right direction.

Dr. Bancroft had seen but very few of those forms of disease referred to by Drs. Workman and Worthington, and he had not been able to draw any positive distinction between them. In all the cases that had come to his knowledge, there was a strong development of the sensual passions, the result of a life time of devotion to the same. In a case that he had had within the last two months, there was nothing present of the delusion of riches or power, but the principal objects which the mind dwelt upon were a profusion of creature comforts. He wished to ask Dr. Worthington whether, in the cases described by him, there was the same exemption of females as in general paralysis.

Dr. Worthington replied that the number of males preponderated.

Dr. Waddell remarked that he had no difficulty in recognizing general paralysis, but most of the cases when they entered his institution were so far advanced as to leave very little or no hope of a favorable result. He thought that sexual excess had a great deal to do in bringing about the disease.



Dr. Workman asked, if he did not think sexual excess to be a consequence rather than a cause.

Dr. Waddell regarded it as first the cause, and afterwards the consequence. The unbounded gratification of such an appetite had its first effect in lowering the tone of the general system, and of course the nervous centres suffered; then the disease referred to was produced, and the patient lost all control over himself.

Dr. Smith did not recollect to have seen any cases of general paralysis where there was an absence of muscular irregularity.

Dr. Athon had met with but few cases of general paralysis, and in all the illusion of wealth was a prominent symptom. Of these the greater proportion were males. In one instance an opportunity was granted him for a *post-mortem* examination, and he discovered that the brain was very much softened.

Dr. Chapin stated, that there were seldom less than three or four cases of general paralysis at a time, in the Kings Co. Asylum. He had made a number of autopsies, in which a variety of cerebral lesions were manifest, but, owing to the great progress that the disease had made, in the majority of cases examined, he could not form a satisfactory opinion relating to the primary seat of the malady. The investigations, however, had a tendency to corroborate the correctness of the conclusions of Dr. Austin, of England, that the disease originated in the great central ganglia of the brain, the *thalami optici*, whence it spread to the adjacent ganglia and commissures. Dr. A. deduced this opinion from an analysis of pathological appearances in a large number of cases, all of which were elaborately reported in his recent work on general paralysis.

Dr. Harlow had seen cases of general paralysis, the symptoms of which, in the early stages, did not differ from those described in Dr. Worthington's paper. He had not been able to make any distinction between the two forms. The very large proportion of these cases occurred in males.

Dr. Tyler, although he did not recollect a case in which he had seen all the symptoms of general paralysis well marked, still there was always some impairment of motion present, especially in the

tongue. In the autopsies that he had made in this disease, he had found to exist softening of the fornix, general softening of the *thalamus opticus*, and breaking down of the *septum lucidum*. With all this there was marked congestion.

Dr. McFarland remarked, that Dr. Workman had taken a very praiseworthy course in the study of general paralysis, and doubted not such labors would be crowned ultimately with the desired result. He could not conceive of the possibility of the existence of a certain train of symptoms, as in the disease in question, without some particular pathological condition that gave rise to the same.

In reference to Dr. Worthington's paper, he stated that the habit of searching out distinctions between different forms of disease, or perhaps of giving a particular name to a certain set of phenomena, was a very good one. Every one connected with the specialty had ample proof of the practicability of such endeavors, in the establishment of that form of disease generally known as "Bell's disease."

Dr. Kirkbride proposed, that as many of the members as desired to visit the U. S. Mint, should leave the Hotel together for that purpose, at 9 o'clock, the following morning.

The Association then adjourned, to meet at the Hotel, at 10 A. M., of the next day.

The members and their ladies remained, to enjoy the warm hospitalities extended to them by Dr. and Mrs. Worthington, until a late hour.

#### THURSDAY MORNING.

The Association was called to order by the President. Dr. McFarland then said, that he had received an urgent message, announcing the sickness of one of his family, which would require his immediate departure. In thus abruptly vacating the chair, and taking leave of the present Meeting, he took occasion to announce a step not hastily determined upon, and the reasons for which, if it were proper to state them, would, he was sure, appear to the members entirely to justify its propriety and necessity.

Dr. McFarland then tendered his resignation of the Presidency of the Association.

Several members briefly expressed their deep regret that the President should have deemed such a step necessary, and could not think it possible to have been taken except upon some misconception, or some mistake as to facts. It was moved that the resolution be not accepted, and at the same time its withdrawal was warmly urged by all.

Dr. McFarland begged that the Association would at once proceed to the election of a presiding officer, and relieve him from the embarrassment of the position in which he was placed. His resignation was intended to be peremptory, and he was not prepared to meet with such a warm though generous opposition.

The Association, however, persisted in its refusal to accept the resignation, and the President, greatly embarrassed, finally yielded to the general, earnest desire. He took his leave in a few words of deep feeling, and cordial good-wishes.

The Vice President then took the chair, and Dr. Curwen proceeded to read some remarks on "Amusements and Recreations best adapted to Insane Hospital Treatment."

Dr. Workman thought that dancing should be recommended, but he disapproved very much of the admission of outsiders into such parties, inasmuch as most of such persons came out of wanton curiosity, and consequently annoyed the inmates of the institution very much. If these parties were large, he thought also that there was a great tendency to derange the domestic department, by the necessary preparations.

Dr. Smith approved of the sentiments expressed in Dr. C.'s paper. He thought that in all cases the amusements should be such as to suit the previous habits and culture of the patient. In order, too, that a proper equilibrium of mind exist, that there should be a due distinction drawn between amusements on the one hand, and healthy exercise on the other.

Dr. Waddell recognized the influence of amusements, but thought that they should be adapted to the peculiar circumstances of the institution, and especially to its inmates. In his institution occupation was the rule, while amusement was the exception. The result of

this plan was most favorable to the welfare of the patient, as well as to the financial condition of the institution.

Dr. Chipley resorted to every species of amusement that was common in institutions of the sort. He also kept his patients regularly occupied, and found that this latter measure was very efficient in keeping them quiet, and also had a restorative effect.

Dr. Hall stated, that the most popular amusements in his institution were-singing and writing.

Dr. Bancroft's patients belonged to a class who could not engage much in the amusement of dancing, most of them never having acquired that accomplishment. Most of his patients preferred occupation to amusement. They never had any instructive, scientific amusement.

Dr. Buttolph stated, that the most prominent amusements alluded to in Dr. Curwen's paper, were not adapted to the wants of his patients; they appreciated that sort which required from them less cultivation, and less attention, such as tableaux, concerts, &c. He did not approve of gymnastic exercises, unless the patients were attended by a competent teacher, otherwise there was great danger of doing harm. Billiards, in his opinion, was a very useful mental exercise, yet only a small minority could take an interest in it. He often had dancing-parties in the Asylum, but the sexes were not allowed to commingle, inasmuch as he was satisfied it was productive of no good results.

Dr. Brown entirely concurred with Dr. Buttolph, in reference to the commingling of the sexes. When such liberties were allowed, some three or four years ago, it gave him a good deal of trouble; so much that since then it had been entirely abandoned. He thought that a superintendent in permitting such associations, took upon himself grave responsibility as regarded the after result in the formation of improper acquaintances. In this connection he referred to an instance where an acquaintance sprung up between two parties, which, after they left the institution, resulted in marriage. The social position of the parties, however, was such as to render it admissible, but he imagined that such alliances were not generally desirable.

Dr. Ray remarked, that inasmuch as every amusement was an additional benefit to the patients, he would refer to one which had not been touched upon. For the last two or three years he had been in the habit of giving to his patients weekly readings, such, for instance, as the play of "Paul Pry," or the lawsuit in "Pickwick." Such subjects, he found, would interest all classes, and succeed in raising a laugh. He thought also that if such entertainments were varied with music, it would tend still more to produce a pleasant effect. The majority of his patients were workers in factories, and consequently ill adapted to any serviceable occupation upon a farm.

Dr. Tyler stated, that his patients were mostly mechanics, whom it was impossible to employ at their trades, and he was obliged to resort to some diversions, that their minds might be occupied in one way or another. They had the varieties of amusement that had been named, but the one most in favor was riding. There were in the institution some four billiard tables, which were constantly in use. Some were not unfrequently allowed, with an attendant, to visit the opera or theatre.

Dr. McIlhenny stated, that dancing, in his institution, was the amusement most in favor. He had been always accustomed to allow the sexes to mix, and had as yet seen no bad effects resulting from such a practice.

Dr. Cheatham deemed amusements among the most effective curative agents, and in his institution there was every thing that could possibly be obtained for that purpose. In the winter months there were frequent exhibitions of the magic lantern, concerts, social parties and dancing. A great deal of time was devoted to the cultivation of flowers, for which the section of country offered peculiar facilities. His patients were for the most part agricultural in their habits.

Dr. Chapin stated, that in the Kings Co. Asylum, a greater part of the bedding and all the clothing was made by the females, while the garden, containing several acres, was cultivated by the male patients.

The amusements were comprised chiefly, in dancing parties, given

once a fortnight during the winter, and less often during the summer; in the exhibition and explanation of magic lanterns and transparencies; in an occasional concert given by ladies and gentlemen of the neighboring village; in frequent musical entertainments, emanating from resources within themselves; and in a variety of out-door sports, of which the game of foot-ball among the males was the favorite pastime.

Dr. Buttolph thought that, in employing patients, too much work should be guarded against, more especially in those who desired to labor; for he had good reason to believe that the want of a proper supervision, in reference to that point, tended to make the case a protracted one.

Dr. Waddell, in order to carry out this principle, was accustomed to tell the patients, in the presence of their attendants, that any labor they performed was for their own benefit and not for the institution. He maintained that it was the duty of every superintendent to exercise a proper supervision in that matter; otherwise the results would be far from beneficial.

Dr. Kirkbride was disposed to place the highest estimate on the value of labor. At the same time, he thought that great discrimination should be used, in reference to the precise quantity that was requisite for the welfare of each individual patient. There were many patients who were strongly impelled by their disease, to work in a manner that was perfectly unnatural, and those were sure to be injured by so doing. There is also a class of chronic cases that were apt to overwork themselves. These, he thought, should all be closely looked after. He was accustomed to employ the patients during the day, and amuse them in the evening. A favorite amusement with most of them, was listening to each other's reading. Such entertainments would be varied at times with music, refreshments or a dance. He did not approve of mingling the sexes together in such amusements, inasmuch as acquaintances thus made were in many cases of the most objectionable character. Again, the influence of such association showed itself in the attendants, who were apt to pay more attention to each other at those times, than to the patients under their charge.



Dr. Nichols, in behalf of the committee on the time and place of the next Meeting, recommended that the Association hold its next Annual Meeting at Providence, Rhode Island, on the second Tuesday in June, 1861. This was finally agreed upon.

Rev. Dr. Adams next commenced the reading of a paper, "On Religious Services and Chaplains, together with their Qualifications and Duties in Hospitals for the Insane." Dr. A. commenced an exhaustive examination of his subject, with a view to show from the nature of mental disease, and from the opinions of distinguished alienists, that an important part in the treatment of the insane should, under the direction of the medical superintendent, be conducted by the teacher of religion.

The reading of Dr. Adams' paper was interrupted by the arrival of the hour for adjournment, to visit the Insane Department of the Philadelphia Hospital. Most of the afternoon was spent in the inspection of this Department, of four hundred patients under the medical charge of Dr. S. W. Butler.

#### THURSDAY EVENING.

The Association was called to order at 7 o'clock, by the Vice President, when Dr. Adams concluded the reading of his paper.

Dr. Nichols then offered the following resolution, which was adopted :—

*Resolved*, That the Association have listened with great pleasure and interest to the elaborate and instructive paper by Rev. Dr. Adams, Chaplain of the Eastern Kentucky Lunatic Asylum, and hereby express their sincere thanks therefor, and their sense of the judicious pains and interest which appear to characterize his discharge of the important functions of the office he holds, in connection with the noble duty of ameliorating the condition of the insane.

The Committee on Resolutions then reported as follows :—

*Whereas*, This Association, during its present meeting in Philadelphia, has received from the boards of management, and from the officers of various public institutions, a renewal of the courtesies which attended its previous visits to this city, therefore,—

*Resolved*, That the members of the Association hereby testify their sincere appreciation of their civilities, and express their grateful

acknowledgments to the managers of the Pennsylvania Hospital, and of the Friends' Asylum, for their munificent hospitalities and personal solicitude for their enjoyment ; to the officers of the United States Mint for their attention in showing them its varied and interesting processes ; to Dr. S. W. Butler, of the department for the insane of the Philadelphia Almshouse ; to the officers of the Academy of Natural Sciences ; to Dr. Joseph Parrish, of the Training School for Feeble-minded Children, at Media ; to the Medical Faculty of the University of Pennsylvania, for their invitations to visit the several institutions under their care.

*Resolved*, That while we recognize in all the institutions for the care of the insane, which we have had the pleasure to visit, meritorious adaptations to their benevolent purposes, we deem it proper on the occasion of the recent opening of the new department for males, of the Pennsylvania Hospital for the Insane, to express our unqualified approbation of its peculiar excellencies, and our high respect for the benevolence and enlightened public sentiment of the community, which has so liberally responded to the appeals of its Managers for means to erect it.

*Resolved*, That while we discover in the department for the insane, of the Philadelphia Almshouse, a material advance upon the late unhappy state of things, we are constrained to say that the present means for taking care of the large number of the insane gathered there, and their consequent condition, are such as to demand the immediate and enlightened attention of the able board to whom these important and most responsible trusts are committed, and that we earnestly recommend a thorough establishment of the hospital upon the basis of the propositions for the organization and government of institutions for the insane, already adopted and published by this Association.

*Resolved*, That our thanks are cheerfully tendered to Mr. I. E. Stevens of the "Continental," for his constant and generous efforts to promote our convenience and comfort, and his courtesy in exhibiting to us the admirable arrangements for conducting the immense and diversified operations of his excellent hotel.

Dr. McIlhenny requested the views of the members upon baths, and the modes of bathing in the treatment of the insane. A brief conversational discussion followed.

Dr. Chipley then read the introduction to a treatise on Masturbation, for the purpose of drawing out the views of the Association upon the expediency of publishing such a work. He had been induced to undertake the preparation of a semi-popular treatise upon this subject, by representations from numerous most respectable sources of

the urgent necessity for something of the kind. Averse as he was to the task, his own observation of the excessive prevalence of the vice, and his experience in its treatment, tended to fix his belief that such a treatise, properly conceived and executed, might be productive of great good.

Brief inquiries and remarks followed, by several of the members, after which a resolution favoring the plan of Dr. Chipley's proposed work was adopted.

The minutes of the Secretary were next read and approved, after which, on motion of Dr. Nichols, the Association adjourned, to meet in Providence, R. I., on the second Tuesday of June, 1860.

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## BIBLIOGRAPHICAL.

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### REPORTS OF AMERICAN ASYLUMS.

1. *Reports of the Board of Visitors, Trustees, Treasurer, and Superintendent of the New Hampshire Asylum for the Insane.* For eleven months ending April 30, 1860.
2. *Thirty-Sixth Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* For the year ending March 31, 1860.
3. *Annual Report of the Officers of the New Jersey State Lunatic Asylum.* For the year 1859.
4. *Report of the Pennsylvania Hospital for the Insane.* For the year 1859.
5. *Annual Report of the Trustees of the State Lunatic Hospital of Pennsylvania.* For the year 1859.
6. *Annual Report of the Managers of the Western Pennsylvania Hospital.* For the year 1859.
7. *Forty-Third Annual Report on the state of the Asylum for the Relief of Persons deprived of the use of their Reason.* For year ending February 29, 1860.

8. *Report of the President and Visitors of the Maryland Hospital for the Insane.* For the years 1858 and 1859.
9. *Seventeenth Annual Report of the Mount Hope Institution, near Baltimore, Md.* For the year 1859.
10. *Report of the Board of Visitors of the Government Hospital for the Insane.* For year ending June 30, 1859.
11. *Annual Report of the Officers of the Indiana Hospital for the Insane.* For year ending October 31, 1859.
12. *Twenty-First Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum.* For year ending October 31, 1859.
13. *Fourth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum.* For year ending October 31, 1859.
14. *Fifth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum.* For year ending October 31, 1859.
15. *Reports of the Trustees and Commissioners of the Wisconsin State Hospital for the Insane.* December, 1859.

1. THE present is the nineteenth Annual Report of the New Hampshire Asylum, and the second of Dr. Baneroff, who is eulogized by the Trustees in a manner equally complimentary to himself and to his predecessor, Dr. Tyler, now of the McLean (Mass.) Asylum.

The accommodations for patients remain the same as at the date of the last previous Report of the institution, and no further enlargement in this direction is needed. It is, however, thought necessary to enlarge the central building, which, through three periods of enlargement of the Asylum edifice, nearly trebling its capacity for patients, has remained of the original size.

An order of the Trustees terminating the financial year one month before the time of its previous close, compels the usual statistics to be given for a period of eleven months only. They are : Admitted, 85 ; discharged, 83 ; remaining, 184. Of those discharged 38 were recovered, 16 improved, 12 unimproved, and 17 had died.

The unfortunate method of providing for the maintenance of the pauper and indigent classes, adopted by the State in the organization of this Asylum, still operates most powerfully to limit its usefulness.

The towns control the admission and discharge of most of these patients, and are charged with their support.

Dr. Bancroft says :—

“Of the eighty-five admissions, sixty-four were committed by friends, nineteen by towns, one by judge, and one by order of the Governor.

“The small comparative number committed by towns is a noticeable fact, and one deserving the attention of the friends of the insane, as indicating that those insane residents of the State who may be destitute of the means to procure hospital care for themselves, are less likely than others to enjoy the benefits of the Institution. It is a matter of regret, if it is a fact, that the means which the State has devoted to the humane purpose of affording proper treatment for its insane, should be less universally enjoyed by the indigent than by others.

“But the spirit of economy which regulates the financial operations of many towns, declines to afford to their poor insane the benefits of hospital care and treatment, at an expense exceeding the cost of the support of ordinary paupers at the almshouse.”

Five of the patients discharged improved, and two discharged unimproved, during the eleven months of the Report, were removed to the poor-houses for economical reasons. And this in an Asylum erected in part by private beneficence, capable of accommodating two hundred and twenty-five patients, and having a daily average residence of one hundred and eighty-two only ! Every person in the State capable of comprehending correct principles of public economy, as well as the charitable and humane, should urge, with Dr. Bancroft, a change from such a discreditable condition of things.

2. Since the date of the last Report, a new building of brick, sixty-one feet by twenty-one in size, has been built in the rear of, and connected with the central building of the Retreat. The first story is devoted to kitchen and similar uses, and the second, thrown into a single room, is fitted up as an “Amusement Hall.” By this improvement the kitchen, store-rooms, &c., of the institution, are removed from their offensive position under the principal parlors and offices. Other valuable improvements have also been made in a provision against fire, and in tankage and sewerage.

227 patients remained at the close of the year. 168 had been admitted, and 156 discharged. Of the latter, 70 were recovered, 37 improved, 29 unimproved, and 20 died.

Dr. Butler submits some useful remarks on physical training as a preventive of disease, especially in the female sex. He also enlarges upon the value of social and dramatic entertainments in asylums for the insane, in connection with his experience of the "Amusement Hall," opened in the Retreat within the year.

The chaplain, Rev. Horace Hooker, in a brief report discusses the value of, and manner of presenting religious truths to the insane. We quote a single paragraph:—

"Every year's experience in ministering to the Insane, deepens my conviction of the adaptation of the Gospel to the wants and cravings of the abnormal mind; wants which it often feels intensely; cravings which press upon it urgently, "in a dry and thirsty land." Increasing experience, too, satisfies me that the range of scriptural truths, which can be safely and profitably introduced in discourses addressed to the Insane, is far wider than a casual observer would imagine. Viewed as curative, not words alone that speak hope and peace, have a place in the ministrations of their religious teacher. Truths that awaken the conscience, and excite some degree of uneasy apprehension, may have a salutary effect by stirring up the dormant powers of the mind, or by relieving it, if only for moment, from the grasp of an obstinate delusion. Moral teaching may thus conspire with medical treatment, in at length giving to the disordered intellect the permanent mastery of itself."

We have no fear that any medical man will be induced by the above remarks to make trial of the effects of powerful preaching upon the insane. The plainest inferences from analogy or the most moderate experience in mental disease, are enough to forbid any such experiment. That the "wants" and "cravings" of the abnormal mind are often intense and pressing, is indeed too fully confirmed by observation. But that these wants and cravings are abnormal, is simply what we mean when we speak of the "abnormal mind." We suppose it to be an admitted principle, that it is generally worse than useless earnestly to combat by argument the delusion of a patient. How much the more then should we be careful not to encourage it, by the same method. For it is hardly necessary to say



here, that religious delusions are present in a large proportion of cases of acute mental disease, and that these delusions are merely erroneous applications of the same scriptural truths, with which Mr. Hooker would "awaken the conscience, and excite some degree of uneasy apprehension." Again, the very fact of insanity supposes an inability to select subjects of thought, or at least to direct the process of thinking. Thus if religious truths are presented without having been selected to meet each particular case, the delusions fix upon those portions which may supply food for their own morbid growth. Here we have a reason why general religious teaching, as from the pulpit, should not be made prominent in the treatment of insanity. The character of religious delusions, being perhaps of a more definite type than any other in mental disease, clearly points to the necessity of entirely avoiding all mysticism and the supernatural in addressing the insane. Other considerations tending to limit the range of pulpit teaching for this class to the inculcation of the simplest moral truths and practical duties, will present themselves to the unprejudiced observer. But we cannot at present refer to them.

3. Dr. Buttolph has still to report a constant increase in the number of patients forced upon the care of the Asylum, beyond its proper capacity for accommodation. There were remaining at the close of the year 306 patients, 13 more than at the date of the last previous Report. 186 were admitted during the year, and 173 discharged. Of the latter 76 were recovered, 69 improved, 2 unimproved, and 26 had died.

Among several important improvements, introduced into the Asylum during the past year, is that of heating and ventilating the entire building by steam-pipes in chambers, and a fan, after the most approved method. The new arrangements had been fully tried, and had given entire satisfaction.

4. "The year just closed," says Dr. Kirkbride, "constitutes an important era in the history of this Institution." It has been marked by the opening of a new building for 250 patients, at a distance of

about half a mile from the old Hospital, and upon a part of the extensive farm which has long pertained to the institution. The new Hospital has been erected solely by voluntary contributions, collected during the past five years, and in part since the great financial crisis. The cost has been rather more than \$350,000.

The building has a westerly aspect, and is situated in the midst of fifty acres of pleasure-grounds and gardens, surrounded by a wall of stone and masonry, ten feet and a half in height. It consists of a central building with two wings in line, making a front of 512 feet; and of two rear wings, connected with the far ends of the front wings, and extending from them at right angles, a distance of 167 feet. These are all three stories in height. There are besides two one-story buildings, connected with the rear wings, and each of which is designed for twenty-six of the more violent and noisy classes of patients. The general plan of the interior is similar to that of the old Hospital. There are sixteen wards, and thus, as the building is for one sex only, sixteen classifications of patients are obtained. The arrangements for convenience and economy of labor are very superior, and are all that a long and devoted experience of the necessities of such an institution could suggest. Steam-pipes in the basement chambers of the building, with an air-duct connected with a fan, are the means of heating and ventilation.

The new Hospital was opened for the reception of patients, on the twenty-seventh of October, 1859, and all the males from the old Hospital were soon transferred to it. The treatment of the two sexes of insane patients in separate institutions, has been advocated for many years by Dr. Kirkbride, and is now effected by him under the most favorable circumstances, in the institution with which he has so long been connected.

In reference to the new organization, and to the previous history of the Hospital, Dr. K. says:—

“The Pennsylvania Hospital for the Insane, therefore, as now constituted, consists of two distinct buildings, each complete in itself, having separate pleasure-grounds and inclosures, both situated, however, on the same tract of 113 acres of land originally purchased by the institution. The hospital just completed is styled “the depart-

ment for males," and that which has been in use during the last nineteen years "the department for females." Both departments remain as heretofore under the charge of a physician-in-chief, and who now has as associate officers one or more assistant physicians, a steward, and a matron in each building.

"The building now known as 'the department for females,' and the various improvements which from year to year to year have been added to the original structure, have been fully described in the eighteen annual reports which have already been published; and the character of the repairs and alterations now in progress, and which will tend to add greatly to the cheerfulness and completeness of its arrangements and the comfort of the patients, may be referred to in detail on some future occasion. It is intended to facilitate communication between the two buildings by means of the telegraph, and one of our citizens has offered a liberal contribution towards putting a wire suspension-bridge over the meadow which separates the two pleasure-grounds. \* \* \* \*

"In the nineteen years that the 'Pennsylvania Hospital for the Insane' has been in operation, 3,360 patients have been admitted, and of these 1,656 have been discharged cured, 766 in various states of improvement, 312 as stationary, 363 died, and 254 remain under care."

250 patients remained under treatment at the date of the Report. 171 had been admitted, and 147 discharged during the year. Of those discharged 94 were recovered, 31 improved, 8 unimproved, and 14 had died.

5. The Report of Dr. Curwen is brief, and records nothing of special interest in the history of the Hospital for the past year, except the burning of a barn, by which all the buildings were endangered. The fire is supposed to have been set by a man who had formerly been a patient of the institution, and in revenge for some injustice which he fancied had been done him. The loss had been entirely supplied, by the completion of a new building, sheds, fences, &c., at the date of the Report.

The statistics for the year are: Admitted, 143; discharged, 136; remaining, 274. Of those discharged 31 had recovered, 39 improved, 43 unimproved, and 23 had died.

6. Dr. Reed reports that, notwithstanding the excessively crowded

condition of the hospital, satisfactory curative results have been obtained, and a fair sanitary condition preserved during the year. Good progress has been made in the new Hospital, the building of which was commenced in May last, at a short distance from the city of Pittsburgh. It will present a front, including the central building and two wings, of 345 feet, and there will be two rear wings, each 142 feet in length. The whole will be finished after the most approved plan of modern institutions for the insane, at an estimated cost of \$100,000.

Dr. Reed devotes a portion of his Report to a citation of American and foreign authorities as to the general curability of mental disease in its earlier stages, and in proof of the economy, as well as the humanity, of proper provision for the insane.

100 patients remained at the close of the year. 108 had been received, and 98 discharged. Of the latter, 44 were recovered, 36 improved, 8 unimproved, and 10 had died.

7. Dr. Worthington treats in an interesting manner, in his Report, the subjects of the occupation and amusement of the insane, and describes the means which, under a favorable location, and by constant care and culture through a series of years, have made the Friends' Asylum so superior in this respect.

During the year, gas has been introduced in the Asylum for lighting. A neat and substantial residence for the superintendent has been erected upon the premises.

There were 58 patients remaining at the close of the year. 25 had been admitted, and 29 discharged. Of the latter 6 were recovered, 2 improved, 3 unimproved, and 4 had died.

8. The President and Visitors of the Maryland Hospital for the Insane, in their last Report present two reports from the superintendent, Dr. Fonerden, for the years 1858 and 1859 respectively. There remained at the close of 1859, 106 patients. 99 had been admitted

during the year, and 101 discharged. Of the latter 69 were recovered, 1 improved, 18 unimproved, and 13 had died.\*

47 of those recovered were placed under treatment for *mania a potu*.

The Maryland Hospital is an incorporated institution, under the management of a Board of Visitors. The Board determine the number of private patients who may be received, the number from the city, (Baltimore,) and the number from each of the several counties. Nearly two-thirds of those treated last year were of the private class, two-ninths were supported by the counties, and one-ninth by the city. Dr. F. states, that more than four years have elapsed since a patient has been admitted at the expense of the city; and of two counties, one of which sent the last patient admitted from it four years ago, and the other one year since, he says, "it may be several years before another of their insane poor can be admitted." We fear that this indicates a sad neglect of the larger portion of the pauper insane, and a policy in regard to the acute cases constantly arising, at once short-sighted and inhumane. The three new institutions—the new State Hospital, the Sheppard Asylum, and the new Mount Hope Institution—cannot be opened too soon, even if but partially completed, in view of such a state of things.

10. Dr. Nichols' Report notes a steady increase in the number of patients demanding admission to the Hospital, and the probability that the three sections of the edifice now nearly completed will be filled soon after they are opened. We quote the following from the Report of the Secretary of Interior, in regard to the prospective completion of the Hospital:—

"Satisfactory progress has been made in the erection of the buildings. The plan originally adopted, which was on a magnificent scale, has been adhered to, and steadily pursued, until we now find ourselves in full view of its completion. Final estimates of appropriations are now submitted for the erection of the buildings, and also

\*The general statistics as given in the text of this Report, are as above recorded. In a table, in another place, 18 are registered as "improved," and 1 as "unimproved."

to finish the well-devised arrangements for heating and ventilating the entire edifice, and furnishing the apartments. When all the buildings shall have been erected, the grounds enclosed, and the appointments completed, the institution will be a model of its kind, and, with a continuance of the successful management it has heretofore received, it will be an honor to the Government, and an inestimable blessing to that unfortunate class for whose benefit it was designed."

The plan of heating adopted in the Hospital, is the "hot-water circulation."

"There are four boilers," says Dr. N., "two of which are placed in an air chamber under the west wing, near its junction with the centre, and the others in a corresponding situation under the east wing. The boilers have water-jackets exterior to all the fire surfaces, and, thus situated and constructed, they become efficient radiators, and take the place of an extent of coil surface equal to their external superficies, besides heating the coils under the centre and the remainder of the wings. The apparatus is exceedingly simple, and, when once put in successful operation, can be conducted by any faithful laborer who understands the figures upon a thermometer scale.

"The ventilation of the hospital is by a fan twelve feet in diameter, and having eight blades, each five feet long by three wide. It is propelled by a twenty-four horse power engine, of the most approved construction; and it is estimated that, at a velocity of about one hundred and twenty revolutions per minute in the warmest season, and eighty in the coldest, it will afford every part of the house a continued supply of pure air, sufficient for all the demands of health and comfort."

138 patients remained at the close of the year, during which 65 had been received. 44 had been discharged, of whom 20 were recovered, 6 improved, 8 unimproved, and 10 had died.

11. A daily average number of 330 patients, were treated in the Indiana Hospital, for the year of its last Report. The Hospital, as at present completed, has accommodations for 260 patients only, and when finished, by the addition of another wing, will provide but for about 100 in addition to this number. Applications for the admission of 57 patients were necessarily refused last year, and all epileptics are denied admission, by the law organizing the Hospital. Of the large number thus rejected, a great part are admitted to be almost totally without provision, even for their decent and humane



care. Dr. Athon strongly urges the immediate completion of the Hospital building, and that some steps be at once taken to remedy the sad condition of the chronic insane.

We have before alluded, in our notices of Reports, to a common error in compiling the tables of statistics, which detracts very much from their value. Dr. Athon's Report, we regret to say, affords, in some of its tables, an example of this kind. A statement of the probable causes of insanity in a number of cases submitted for treatment, if it have little or no value as supplying data for numerical comparison, has yet, when properly prepared, a certain interest. It is, to some extent, an index of the social and religious characteristics of a community, of the amount of intemperance, of the bent of popular opinion and active interest, of the prevalence of bodily diseases, and, from the nature of the existing causes, a description and prognosis of the mental diseases themselves. Dr. Athon's table gives sixty-nine, distinct "probable causes of insanity," which, it appears to us, are made without reference to any of the possible uses referred to. In seven instances, "Know-Nothingism" is attributed; in three, "Husbands in California;" in two, "use of Thompsonian medicines." And again, we have "political excitement," "excessive use of medicine," etc., repeating the same classes of causes, and amplifying in a manner altogether too loose and ill defined to leave the least value in the statements. This error, of course, inheres in the records and practice of the institution, and can not be fairly charged upon the present, or perhaps upon any single superintendent. But it is certainly one deserving to be remedied at once.

A curious illustration of the religious opinions of the community represented, is found in the tabulated "profession of religion of patients." It is not improbable too, that this may be found to have an interesting connection with the causation of insanity in the State. The number of so-called religious sects represented by 1753 patients, is twenty-five, and among them there are some we should suppose quite peculiar to the soil and climate, or other local influences.

The usual statistics are: Admitted 203, discharged 178, remaining 303. Of those discharged, 95 were recovered, 17 improved, 54 unimproved, and 12 had died.

12. The State of Ohio adopted a bold and generous policy, in undertaking to provide for her insane in institutions which should be free to all classes of her citizens. But the results have not thus far been such as to encourage other communities to follow in the same course. It is with much difficulty that the three State asylums have been kept above the level of pauper establishments, and the failure, in part, of the yearly appropriations, has at times reduced them to extremities of which other institutions of the kind, though established on a less liberal basis, have had no experience. At the last session of the General Assembly, a sum eight thousand dollars less than was required, was appropriated for the expenses of the Central Asylum for the year. This rendered necessary the removal of about fifty patients, to be cared for as best they might, by their friends, or in the poor-houses. Two wards of the Asylum were closed, four attendants and other employees were dismissed, and the expenditures in every way reduced to "the most economical scale." Few can realize to what extent such an incident must disturb the course of treatment in a large number of patients, derange the organization, and otherwise cripple the energies of an institution. The forced economy is, as Dr. Hills observes, "a species of economy that, it must be apparent to all, could be pursued successfully for a short period only, and in truth no economy in the end." Under these circumstances, we are at a loss to know with what reason Dr. Hills can congratulate his readers upon "the wise as well as beneficent policy of the State, in entirely sustaining this class [the insane,] in her institutions." It would seem to be much more useful to dwell upon the enormity of the faults, which threaten to weigh down all the advantages of a noble system of charity, if not entirely to overthrow it.

Closely to criticise a production written in that overflow of a generous nature which has filled the pages of Dr. Hills' Report, would seem an ungracious task. But there are certain portions of the performance which seem imperatively to demand comment. It may be questioned, in the first place, whether the efforts to "popularize insanity," which have been made in the early history of all our asylums for the insane, by ministering to an unintelligent curiosity, and

by extravagant statements as to the character and effects of asylum treatment, have, on the whole, been productive of good. The popular favor which they have at times gained, has perhaps aided to swell the bounty of a legislature, or to attract an individual donation; oftener, however, it has been spent in newspaper puff, or in clerical recommendation. On the other hand, they have done very much to abate the confidence of the better class of the medical profession in the value of our specialty, and thus to sap the true foundations of popular faith in its institutions. It is into the hands of members of the general profession, that persons laboring under mental disorders first come, and, usually, it is their advice that finally determines the disposal of such cases. When we glorify our specialty and its institutions in the same manner and spirit, almost in the same terms, in which the whole host of quacks advertise their vulgar theories, their "water-cures" and "hygienic institutes," can we wonder if by many intelligent physicians we are partially included in the same category? It appears to us that every consideration for the dignity and usefulness of an important branch of the medical art, should urge such an inquiry.

Under the head of the "general management of the insane," Dr. Hills writes:—

"The sight of ten, twenty or thirty of the patients thus employed in these rural labors, engaged as if each and all had a decided interest in the results, cheerfully following the directions of their leader, and incontinently dropping one after another of their insane ideas, is pleasant to behold. It matters but little what the delusions are,—one may be sure the millenium is at hand; another has committed the unpardonable sin; another is the King of Tartary; another the son of God; another is dispensing millions; all are harmoniously hoeing the crops, or digging potatoes, not thinking of the inconsistency of their labors with their fancied callings and conditions."

It is rather a bold metaphor, even under the most favorable view of the curative effects of manual employment in mental disease, that of the "incontinently dropping one after another their insane ideas," among the crops which are so harmoniously cultivated. But does it not matter a little what the delusions are? or rather, are the classes of patients entertaining the delusions noticed, those in whose treat-

ment field-labor is safe and beneficial? He who has "committed the unpardonable sin," is a victim of melancholia, worn out and emaciated from the pain of perhaps some visceral disorder, and who needs rest, passive exercise and tonic regimen. If, as is likely, he is impelled to labor by delusions of a penalty to be self-inflicted, so much the more certainly would he not be allowed by Dr. Hills, to assist in hoeing the crops or digging potatoes. The "King of Tartary" is the chronic case, who is properly set at such labor; but he will not drop his delusions into the soil which he cultivates. The "son of God," if not an acute case, is at least a very dangerous chronic one to use the hoe among a number of his fellows. The case of general paralysis, or of partial dementia with expansive delusions, who is "dispensing millions," will be quite as likely to cut up the crops as the weeds which are about him. The colors of the picture are put on quite at random.

We do not make these comments in any captious spirit, but under the earnest conviction that such carelessly written statements in relation to the insane, are calculated to prejudice the intelligent of every class, and especially the educated physician, against the specialty and its institutions.

Another paragraph in the Report, we are sorry to say, might be mistaken for an account of one of those miraculous cures, with which the advertising quacks recommend their nostrums to the ignorant public. It is as follows:—

"The other female was brought to us fifteen months since, perfectly demented, (acute dementia) a drivelling idiot, as commonly understood, unable to speak, or to understand any question or direction, stood or sat looking into vacancy with meaningless, staring eyes, the saliva running unheeded from the open mouth, her hair matted and dry as if dead, and yet, I am sorry to say, 'perfectly alive.' She was inattentive to her wants, and needed all the care of an infant. This was a maiden of twenty years; and, although she remained for a long period without change, yet she is now a decided beauty, with glossy, raven locks curling short in her neck, (for we had speedily made them short;) her plump cheeks, dimpled and rosy as a ripe peach, blushing promptly at a word; her dark eyes, sparkling with bright thoughts, full of *native* intelligence—for she had seen but little of the world; cheerful, lively and happy as a bird, almost unwill-

ling to leave the asylum, where she felt conscious of having been, as it were, 'born again'—'dead, and was yet alive.' There is not a word of fancy in the above picture; every item is a literal fact, and the case only one of *more than one hundred* in the last twelve months, unlike it, of course, in the details, but precisely like it in the restoration of the intellect."

We feel that to abstain from comment upon the above sketch is due the writer, who could only have indited it in a moment of unthinking enthusiasm.

There is another point in this Report to which we may barely refer in the conclusion of an unwelcome task. The spirit in which the whole was written, has been sufficiently illustrated. The literary defects, in the extraordinary use of slang phrases, italics and quotation marks, are of less account. His illustrations of the management of disturbed patients, without the usual means for restraint, might be presented as a burlesque of the "non-restraint system," if that method of treatment had not already received sufficient attention in this journal. These must also be passed by. But we may quote the following, which occurs among some excellent remarks for the benefit of those who have the care of the insane, previously to their admission to an asylum:—

"They should never be laughed at, for strange words or behavior, never contradicted, and never 'argued' with; their peculiar behavior as little as possible interfered with or even noticed. *They should rather be treated as if what they were saying or doing was all right; as far as may be consistent with safety to persons and property.*"

The italics are our own, and are used to mark that portion of the advice offered which we think mistaken.

One of the most serious difficulties that has been remarked in the management of the insane by their friends, is the disposition to treat the former "as if what they were saying or doing was all right." The want of courage and good judgment which permits this course, underlies all the deception and inconsistency which usually mark such management. We hope Dr. Hills will correct himself on this point in another Report.

The usual statistics for the year are as follows: Admitted, 180;

discharged, 221 ; remaining, 214. 105 were discharged recovered, 28 improved, 75 unimproved, and 13 had died.

13. From Dr. McIlhenny's Report we learn that, in addition to the large number of the admissions for the past year, 154 applications for the reception of patients had been rejected. The two other State asylums, it will be seen, have also been obliged to refuse admission to a large number. The experience of Ohio, with her supposed ample provision for the insane, in three State Asylums, yet obliged to send incurables to the jails and poor-houses, now "groaning under their burthens," and to refuse numerous curable cases, while epileptics are entirely rejected, is any thing but encouraging. Still it is creditable to the public policy, that the system which gives to the State the care of all the insane, is not likely to be abandoned. The plan of asylums for incurables will probably be adopted in time, and perhaps this affords the best practicable method of dealing with the question of further provision.

Insane criminals are still sent to the State Asylums. Dr. McIlhenny deprecates this necessity, and suggests that, as they are generally incurable, a ward should be fitted up for them in connection with the State prison.

116 patients were admitted during the year, 117 were discharged, and 160 remained at its close. 73 were discharged recovered, 7 improved, 20 unimproved, and 17 had died.

14. The present is the first Report of Dr. Kendrick, who has now been for two years at the head of the Northern Asylum. This institution is also overerowed, on which account its completion according to the original design is urged. The completion would double the capacity of the Asylum for patients.

We quote the following remarks upon a custom which is perhaps more novel than seems to be supposed :—

"It is customary for some institutions to keep what is termed a 'Probation List,' on which the names of temporary absentees are entered, while no corresponding deduction is made on the daily register.



Exceptional cases may arise in which it might be thought advisable to test the effect of a return to home associations, but they must be very rare and peculiar; and, if expediency seems to warrant such experiments in private asylums, I am satisfied the necessities of State institutions do not.

"The practice leads to unpleasant results in many respects; the records are complicated, room must be kept for those on the list, and consequently many applicants be excluded from the benefits of treatment, or, by their admission, a false impression be made upon the public mind as to the capacity of the house. Friends, under the influence of a false sympathy, often avail themselves of the custom to seize upon the first evidence of returning reason, as a warrant for removal, and offer their own responsibility as ample surety for the risk incurred and the precious time lost by such interruptions to judicious restraint and systematic treatment. The precedent also becomes known to the inmates, and proves a prolific source of discontent and annoyance.

"In view of these facts it was thought best to discontinue the practice here. Notice was given to the friends of those out, to return them at once, if at all, and January 1, 1859, all on the list were discharged."

Dr. Kendrick's Report has many excellent features, and is carefully and concisely written. An analysis of the cases admitted and discharged, and of causes of death in those deceased, are interesting. We quote the following candid statements, which, it is to be hoped, will have their proper influence with the State authorities:—

"Our narrow limits deprive us of these benefits [of classification] to a great extent; in reality classification with us is so only in name; the same variety of cases associated together in the three halls occupied by either sex, would be distributed through the six or nine wards of larger institutions, with their chances of recovery much increased. The capacity of the house, as shown in former reports, is only sufficient for 140 inmates, and to accommodate this number, we are obliged to use rooms for lodgings, that were intended for purposes of temporary isolation simply; to fill up dormitories with a larger number of beds than the comfort or safety of the occupants seems to warrant; and place two persons in the side rooms along the halls, which were never designed for more than one.

"These facts all point to the necessity of speedily extending the Institution as originally contemplated. The wants of the District demand it, and true economy will sanction it. Experience has shown that incurables can nowhere be so well nor so cheaply cared for, as

in well regulated hospitals ; and there are many supposed to be incurable, who might be, if not entirely relieved, at least so far improved as to make themselves useful in their sphere. The association of these unfortunates with common paupers and criminals, in the county receptacles and jails, is most abhorrent to the feelings of friends, and needs reform. The State has begun a noble work, and the benevolent design should be fully consummated, by making provision for the care of all its insane."

The numerical results for the year are: Admitted, 120 ; discharged, 137 ; remaining, 138. Of those discharged, 57 were recovered, 14 improved, 60 unimproved, 3 not insane, and 3 had died.

15. The plan of the Wisconsin State Hospital for the Insane, located at Madison, includes a main building with, on either side, two longitudinal wings connected by a transverse wing, in the broken-linear form. The main building and the transverse wings are four stories, the longitudinal wings three stories in height. The whole is designed to provide for 250 patients, at an estimated cost of \$350,000.

At the date of the present Report, the main building, one longitudinal, and one transverse wing had been erected, and here the work rested, for want of funds with which to carry it on to completion. By converting the fourth story of the transverse wing, designed as a reading and recreation room, into a ward for patients, the present buildings can be made to accommodate sixty of one sex, and this step has been concluded upon. The Trustees hope to open the institution for patients before the close of the present year.

Dr. J. Edwards Lee, late of the Pennsylvania Hospital for the Insane, was appointed superintendent in June, 1859, and, entering at once upon his duties, "has rendered" says the Report, "important assistance in the progress of the work."

## S U M M A R Y .

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DR. CHARLES WEST ON THE MENTAL PECULIARITIES AND MENTAL DISORDERS OF CHILDHOOD.—No one can have watched the sick-bed of the child without being struck with the almost unvarying patience with which its illness is borne, and the extremity of peril from which, apparently in consequence of that patience, a complete recovery takes place. Much, indeed, is no doubt owing to the activity of the reparative powers in early life, but much also to the unruffled quiet of the mind. No sorrow for the past, no gloomy foreboding of the future, no remorse, disappointment, nor anxiety depresses the spirits, and enfeebles the vital powers. The prospect of death, even when its approach is realized, and this is not so rare as some may imagine, brings in general but small alarm ; it may be from the vagueness of the child's ideas ; it may be, as the poet says, that in his short life's journey, "the heaven that lies about us in our infancy" has been so much within him, that he recognizes again more clearly than we can do—

“ \* \* \* \* the glories he hath known,  
And that imperial palace whence he came.”

I refer to this, gentlemen, because the truth is one which has its practical side ; because to keep the sick child happy, to remove from it all avoidable causes of alarm, of suffering, of discomfort, to modify our treatment so as to escape a possible struggle with his waywardness ; and even, if death seems likely to occur, to look at it from a child's point of view, not from that which our larger understanding of good and evil suggests to our own minds, are duties of the gravest kind, which weigh on the physician, on the parent, on the nurse ; and which it behooves to remember none the less, because they are not dwelt on in the lecture-room, or in the medical treatise.

But not only does the child live in the present far more exclusively than is possible for the adult, but there are besides other important points of mental difference between the two which have a serious influence on the manifestations of disease, and also on our treatment of it. The mind of the child is not merely feebler in all respects than that of the adult, but in proportion to the feebleness of his reasoning powers, there is an exaggerated activity of his perceptive faculties, a vividness of his imagination. The child lives at first in the external world, as if it were but a part of himself, or he a part of it, and the glad-heartedness which it rejoices us to see is as

much a consequence of the vividness with which he realizes the things around him, as of the absence of care to which it is often attributed. This peculiarity shows itself in the dreams of childhood, which exceed in the distinctness of their images those which come in later life, and shows itself too in the frequency with which, even when awake, the active organs perceive unreal sounds, or conjure up at night ocular spectra; and these not merely colors but distinct shapes, which pass in long procession before the eyes. This power fades away with advancing life, until, except under some condition of disease, the occasional appearance of luminous objects in the dark, remains the only relic of this gift of seeing visions with which, in some slight degree at least, most of us were endowed in our early years. The child who dreads to be alone, and asserts that he hears sounds or perceives objects, is not expressing merely a vague apprehension of some unknown danger, but often tells a literal truth. The sounds have been heard. In the stillness of its nursery, the little one has listened to what seemed a voice calling it; or, in the dark, phantasms have risen before its eyes, and the agony of terror with which it calls for a light, or begs for its mother's presence, betrays an impression far too real to be explained away, or to be suitably met by hard words or unkind treatment.

Impressions such as these are common in childhood even during health. Disorder, direct or indirect, of the cerebral functions, more commonly the latter, greatly exaggerates them. The minor degrees of somnambulism, such as getting out of bed while asleep, are by no means uncommon in childhood, and even more frequent are those attacks of night-terrors, in which, after a short doze, the child awakes in a state of intense alarm, with the distinct vision before it of some frightful object, which does not disappear for some minutes, and which returns sometimes the same night, sometimes the succeeding one, with just the same appearance as before.

It follows, then, that the circumstances which surround a child, whether in sickness or in health, are of far more importance than are those about the adult; and that their influence for good or for harm, is far more powerful, and is never to be lost sight of in the treatment of the diseases of early life.

But while the child lives thus in the present, and while this present is but the reflection of the world around, its impressions uncontrolled by experience, ungoverned by reason, the moral qualities are not in the same undeveloped state as the intellectual powers. The child loves intensely, or dislikes strongly; craves most earnestly for sympathy, clings most tenaciously to the stronger, better, higher, around it, or to what it fancies so; or shrinks in often causeless, but unconquerable dread, from things or persons that have made on it an unpleasant impression. Reason as yet does not govern its caprices, nor the more intelligent selfishness of later years hinder their

manifestation. The waywardness of the most willful child is determined by some cause near at hand ; and he who loves children and can read their thoughts, will not, in general, be long in discovering their motives and seeing through their conduct.

One word more I have to say with reference to that intense craving for sympathy so characteristic of the child. It is this which often underlies the disposition to exaggerate its ailments, or even to feign such as do not exist, and in which attempts at deception it often persists with almost incredible resolution. Over and over again I have met with instances, both in private and hospital practice, where the motives to such deception were neither the increase of comfort nor the gratification of mere indolence, but the monopolizing the love and sympathy which, during some by-gone illness, had been extended to it, and which it could not bear to share again with its brothers and sisters. This feeling, too, sometimes becomes quite uncontrollable, and then the child needs as much care and as judicious management, both bodily and mental, to bring it back to health, as would be called for in the case of some adult hypochondriac or monomaniac.

These mental peculiarities of early life may seem at first to have little to do with the cure of disease ; but in reality you will find that this is not so ; but that in proportion as you make them your study, and as you become able in consequence to sympathize more completely with your patient, will your diagnosis in many instances be more accurate, and your treatment more successful.

This brief sketch must suffice for the first part of my subject, and will, I trust, have prepared you for the better examination of the second, namely, the influence of disease upon the mind in early life. This shows itself either in weakening of the perceptive powers or in altering and perverting the moral faculties. Of these, sometimes the one, sometimes the other, is the more obvious, though it is very rarely that either exists absolutely alone.

As in diseases of the body, so in the affections of the mind in early life, the power of repair furnishes us with a constant ground for hopefulness, which we should be less warranted in indulging in the case of the adult. The dullness, the apathy, the cerebral disturbance, which accompany many of the diseases of early childhood, have therefore by no means so grave an import as we should be compelled to attach to them, if present to the same extent at a more advanced age. The whole of the child's intellectual energy is expended on his commerce with the world around him ; his relations to it are disturbed ; night terrors, bad dreams, distressful phantasms, beset him ; or the ear is pained by sounds, and the eye by light,—not because the organs of sight or of hearing are specially disordered, or the brain is specially affected ; but because, with the limited mental endowments of the child, such are the only ways in which their



sympathetic disorder can manifest itself. Or the disease has passed away; the active, intelligent, observant child is left dull, takes no interest in what goes on around him, forgets his prattle, seems scarcely to know the simplest word, though before he spoke fluently. This, again, need not cause too much apprehension. The child's memory is feeble; during the protracted illness, the customary impressions were no longer made upon his senses in the sick-room, or they passed unnoticed in the unconsciousness of fever; so that, when recovery takes place, the lesson has to be learnt again, and learnt with faculties weakened by the by-gone ailment. For this you must be prepared, and prepared also for the very gradual process, extending sometimes over months or years, by which the ground lost is made good again: the time occupied by it being in general all the longer, in proportion as the child was younger when the original attack of illness came on. The infant of eight months old will show for months no ray of dawning intelligence; the little one just beginning to speak, will remain silent for months; while the child of four or five years will generally in a few weeks regain his forgotten lore. Simple as all this seems to be, and really is, it yet is not always borne sufficiently in mind; and these hints may enable you to save your patient's friends from much needless anxiety.

There is a caution, however, not to be lost sight of in these cases; namely, that protracted illness, even when unaccompanied by evidence of serious disorder of the brain, is sometimes succeeded by permanent impairment of the sense of hearing, and that the child's dullness may be the result of the loss of the power of receiving impressions, through one most important medium, from the external world.

A little girl, two years and nine months old, was attacked at the age of one year and nine months by what was said to have been inflammation of the lungs, though it is uncertain whether or no a convulsion occurred at its outset. She got well without any other sign of cerebral disturbance having manifested itself. Before the illness, she was beginning to talk, used to call her father, and to say many little words, but since then she had not spoken at all. The question raised was, whether the silence and some strange ways, different from the child's previous manner, were indicative of disease of the brain and of incipient idiocy, or were merely the results of her loss of hearing. I took the child into the hospital for a time to watch her; her intelligent countenance and strangely earnest manner showed almost at once that her intellect was acute enough. A very few days' observation confirmed this impression; the child was dumb because she had become deaf, and her speech had ceased so soon, because the progress she had made at the time when illness first overtook her was so small.

If the same accident occurs somewhat later in life, when the child has learnt to speak pretty well, its nature is more likely to be mis-



understood ; for the child does not all at once forget to talk, but speaks imperfectly with gradually lessening distinctness ; and forgetting first some words, then others, her condition more nearly resembles one of imbecility ; and unless special care be taken to test the powers of hearing, error is very likely to be committed. I confess I made this mistake myself in the case of a little girl four years and seven months old, whom I first saw a year after an attack of a somewhat ill-defined febrile character, accompanied by a comatose condition, which lasted for several days, and left her in a state of great weakness. Though she regained strength, it yet was a long time before she tried to speak again ; and, when she did, her articulation was very indistinct. In the course of time, she seemed as strong as ever, and her intelligence appeared not deficient, but her utterance grew more and more indistinct ; she became flushed, angry and excited, and made inarticulate noises when she could not obtain what she wished, and when I first saw her she had for some time ceased to talk. Her altered temper, her fits of passion, the inarticulate sounds which had taken the place of speech, suggested the idea that idiocy was supervening on the disorder of the brain, which had formed so marked a feature of her illness. In a short time, however, careful observation ascertained that speech had ceased, because the sense of hearing first had failed ; that the case was one for the deaf and dumb school, not for an idiot asylum.

The arrest of development, or the positive retrocession of the mental faculties in childhood may be regarded almost invariably as of far less serious import than any manifest perversion of the moral powers. The child who, in spite of intellectual dullness, attaches itself to those about it, and manifests the ordinary childish feelings, is not one concerning whom there is any occasion to despair, or whom judicious training will not do very much to improve. Several circumstances influence the degree of dulling of the mental powers, and are to be taken into consideration in forming an estimate of the child's condition, and his capabilities of improvement. In proportion as the original illness was accompanied with convulsions or serious cerebral disturbance, will the subsequent impairment of the intellectual powers be profound, and their recovery slow in taking place. In proportion, too, to the early age at which such illness occurred will its results be serious ; and this not necessarily owing to the gravity of the mischief, but owing to the low state of attainment to which the child had reached when its further advance was interrupted. Thus, for instance, the apparent obscuration of intellect will be greater if it had overtaken the child before it had learnt to speak, than if it had come on later ; and though not the less teachable, yet more will remain to be taught in the former case than in the latter ; and a child, perfectly capable of improvement, may be passed over as utterly destitute of all capability of intellectual progress, owing to the age at

which disease overtook it not being borne in mind. Lastly, it must be remembered that a very large number of children, whose intellectual progress has been arrested at an early age, are allowed to grow up for years without any culture whatever, and that as much of their apparent dullness may be due to unintentional neglect as to actual disability.—*Extract from a Clinical Lecture at the London Hospital for Children.*

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ABSTRACT OF REMARKS BY DR. J. L. C. SCHROEDER VAN DER KOLK, ON THE MEDICAL TREATMENT OF THE INSANE.—As to the employment of different medicines, the advantages to be derived from them is of course modified by circumstances. Thus, in the institution at Meerenberg, the receptacle of the poor of Amsterdam, tonic and exciting remedies (preparations of arnica, and bark) are found most generally useful; while among the less exhausted class admitted into the asylum at Utrecht, depressing medicines are more commonly indicated. Of lowering agents, calculated at the same time to moderate vascular action, and to relieve over-excitement of the brain, the author unhesitatingly awards the first place to tartar emetic. It is often most advantageously given in combination with direct sedatives, as henbane and opium.

In cases where chronic effusion or induration is to be apprehended, iodide of potassium, with, if necessary, infusion of digitalis, will be found a powerful agent. The iodide has proved very serviceable in chronic abdominal indurations with melancholy. In some cases calomel has been advantageously employed as an antiphlogistic and resolvent. Digitalis was often very efficient in allaying exalted action of the brain, (particularly where there was great vivacity without strong vascular action). It seems to act more directly on the nervous, and only secondarily on the vascular system, in which it differs from tartar emetic. Hence it is not always indicated where the latter is useful. Digitalis frequently acted only symptomatically, so long as the sympathetic cerebral congestion and its remote causes, or the greater or less inflammation of the membranes of the brain, were not combated (Utrecht). Digitaline has also been found useful, particularly where it was necessary to give the medicine in small doses.

The effect of opium is very various, being sometimes very beneficial and sometimes the reverse. The use of this drug appears to be indicated chiefly where there is great præordial anxiety, sleeplessness, and melancholy. In two women, habitual constipation quickly yielded to the administration of half a grain of the watery extract morning and evening (Meerenberg). In such cases the medicine appears to act by removing the spasmodic constriction of the left colon, which is always met with in that species of constipation.

"Much depends on the greater or less activity of the cerebral vessels. In large doses opium restores the equality of the circulation, the cold of the hands and feet, and their blue color, disappear. The depressed state of the vascular system is removed, the radial pulse, from being very small and contracted, becomes larger and fuller, the cutaneous excretion is restored, the passive congestion of the head is diminished or disappears, the spasmodic contractions of the left colon are relaxed, rendering the bowels more regular, and preventing the reflex action of the colon on the spinal cord and brain, which excites such very distressing sensations; a general excitement takes place in the system, and the patient becomes more lively, begins to look at things in a brighter aspect, and becomes bolder and more energetic.

"It is therefore particularly in melancholy, with a very passive state of the vascular system, and with inequality of the circulation, with more or less sleeplessness and precordial anxiety, that opium is in its proper place. In long-continued idiopathic irritation of the brain supervening on meningitis, consequently in more excitable persons laboring under chronic insanity, the medicine will do more harm than good. Where it is indicated, it sometimes effects with surprising rapidity a complete revolution in the condition of the patient. In a case of dull melancholy, with tendency to suicide, where tartar emetic, cupping to the neck and temples, and leeches to the anus, had been employed without success, so rapid a change followed the use of two grains of watery extract of opium four times a day, that on the second day the patient, having had a profuse night perspiration, with a merry countenance and air of earnestness, assured the physician that he was once more better, and that his indisposition had disappeared. His whole being was changed; he acknowledged his former delusion, took part in everything that was going on, was quiet, and subsequently left the institution quite recovered."—(*Dordrecht.*) p. 36.

Lupulin, too, is useful, particularly in cases of sexual excitement. It appears to be less efficacious in producing sleep than decoction of hops.

Extract of belladonna seems to act more especially on the sympathetic nerve, particularly on the part supplying the intestines, and to allay its excessive irritability. Hence, by removing the spasmodic contraction of the left colon, it becomes an useful adjunct to aperient medicines.

Camphor, in doses of two or three grains four times a day, is also a soothing medicine, but its use is contra-indicated where there is irritation of the bowels, constipation, a strong pulse, or idiopathic affections of the brain.

"In some cases where, from opposition on the part of the patient, it was impossible to administer any medicine, the inhalation of chloroform repeated several times daily, but without producing loss of consciousness, seemed in the long run very much to allay the excited state of the nervous system. Internally given, too, in doses of from twelve to sixteen drops in a mixture, three or four times a day, it was frequently very useful in acute hysterical mania. Its internal action was tolerably like, though more strongly sedative than that of sulphuric ether."—(*Utrecht.*) p. 39.

The use of laxatives is of much importance in the treatment of the insane, both on account of the frequent occurrence of constipation in that class of patients, and also as a means of deriving from the head.

The aperients to be chosen are such as act on the large intestine, and those most used in the Dutch institutions are the watery extract of aloes, and the cortex rhamni frangulæ. The author finds it better to give the aloes in very small doses, repeated four or five times a day, rather than in one dose at night, and recommends combining it with a minute quantity of tartar emetic or extract of belladonna. In cases where the tendency to distension of the colon is very great, a grain, or somewhat more, of sulphate of copper daily, in combination or not with extract of aloes and belladonna, is remarkably useful. This drug appears, by its tonic property, to counteract the dilation of the colon; by its action on the stomach the appetite is increased, the digestion is improved, and the previously cachectic patients acquire a more healthy look. Extract of nux vomica, too, is an useful adjunct to aloes. The cortex rhamni frangulæ has the property of producing solid motions without pain or griping, and is consequently greatly preferable to senna leaves. Where there is difficulty in getting the patient to take medicine voluntarily, small doses of croton oil, given in plums or tarts, have answered the purpose. By such means we obtain an alvine evacuation, but do not check the tendency to constipation. The author justly adds, that strong drastic purgatives do more harm than good, they produce too much irritation of the intestinal canal.

In cases where tonics, or even stimulants were indicated, the preparations of iron have been found very useful. Considerable benefit has been derived also from the administration of sulphate of copper to the amount of not more than one grain daily, in divided doses. Still more debilitated patients require Peruvian bark as a substitute for which, especially in practice among the poor, the author recommends an infusion of the flowers, or a decoction of the root, of arnica. Arnica, he adds, excels Peruvian bark in its exciting property, though it must perhaps yield to it as a direct strengthener. The flowers have more of the former, the root more of the latter, quality.

At the close of this more especially medical chapter, the author relates some remarkable cases. The first is one of anuria. In a female, fits of hysterical mania alternated with anuria of a peculiar nature; for the anuria, which sometimes lasted an entire week, without a drop of urine being voided, was accompanied with the evacuation through the mouth of several pounds of an alkaline water, possessing a strongly ammoniacal odour. The patient asserted that this fluid was vomited, but as it was not unfrequently voided after a copious meal, without containing a trace of food, the attendant physician suspected that it should be attributed to an excessive flow of saliva, probably combined with eructations. Diuretics were employed without success, till at last the disease appeared to yield to the inunction over the loins of ung. seillæ (prepared from the bulb of squill, macerated with caustic potash, and made with lard into an

ointment). This was followed by a copious excretion of urine, with a cessation of the attacks of hysterical mania (Zutphen).

In a melancholic patient with dystomania (dipsomania), a peculiar board-like hardness of the abdominal walls, the result of constant tension of the muscles, caused by persistent irritation of the internal parts was observed. Post-mortem examinations of former cases of the same description had revealed a state of chronic hyperæmia of the mucous membrane of the stomach and duodenum, following which indication, nitrate of silver was prescribed. Only four grains had been given when a decided improvement took place, not only in the state of the general health, but of the patient's mind, and in a few weeks he was able to leave the institution.

In a case of constant excitability in a man, requiring the almost uninterrupted employment of restraint, a cure was obtained, after the failure of other means, by the alternate use of bichloride of mercury and iodide of potassium, the attendant physician having discovered an eruption on the skin, evidently the result of secondary syphilis, to which, too, the insanity was attributable. Cases of the immediate cure of insanity by the reduction of prolapsus uteri are also given.

Instances are brought forward of the injury often done in incipient insanity by general bleeding. Local abstraction of blood, on the contrary, is frequently highly useful, especially where there is active congestion of the brain. Where leeches are employed, the author recommends that after they have fallen off, the use of elastic cups shall be substituted for that of soaking and burdensome warm poultices.

The proportion of epileptics to the whole number of patients received into the several institutions, appears to be increasing: thus, in the ten years 1844—1853, it was a little more than six; while in the three years 1854—1856 it was upwards of seven per cent.; showing an increase of 11.6 in the thousand. The author adds some very important and practical observations in reference to epilepsy, but his views on this subject will come more fully before us in our consideration of his great work on the medulla oblongata.—*Brit. & For. Med. Chir. Rev. on the Lunatic Asylums of Holland.*

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DR. W. CAMPS ON HYSTERIA CONSIDERED AS A CONNECTING LINK BETWEEN MENTAL AND BODILY DISEASE.—Dr. Camps' object is to draw attention to such forms of hysteria as present marked evidence of *psychical*, in addition to, or complication with, *somatic* affection. Until within a comparatively recent date it has been the custom to consider mental disease as unconnected with or independent of bodily disease. But insanity is far more of a bodily disease than has hitherto been considered; and in cases of this malady there is mostly, if not always, impairment of the proper healthy cerebral structure.



Dr. Camps gives a brief account of the hysterical paroxysm, which is almost, though not exclusively, confined to the female sex. It is, however, in the moral state and motives, which not unfrequently attend or accompany the severer forms of hysteria, that we may recognise without difficulty the approximation of this disease to some of the forms of mental disease. In severe cases of hysteria, amidst considerable general disorder, the nervous system being chiefly involved, the proper functions of the brain often become deeply affected. There is observed in such an increased susceptibility to impressions, a great rapidity of movements, together with a capriciousness of motives; the countenance indicates the alterations that take place in the feelings of the patient; and in the worst cases, the most amiable sentiments are observed to be converted into the most unamiable and repulsive. In some, there appears to be, at times, a complete metamorphosis of the whole moral character. This state of the disease becomes a subject of the deepest importance, more especially in regard to its moral treatment, so far as regards the imposition of personal restraint, or confinement of the patient; for nothing would be more injurious to a hysterical patient in this condition than undue interference with personal liberty. The functional activity of the spinal chord, as well of the brain, may be morbidly diminished, or augmented, or perverted; and this latter state is especially the condition in hysteria. The perversion of the functional activity of the spinal cord is most marked in some cases, in which there is an extreme irritability of the cord at least, if not of the entire cerebro-spinal axis; and in the severer forms of the disease there doubtless exists an excessive irritability of the whole nervous centres; and it may be of the entire nervous system, including even the nerves themselves. It might be assumed, that the irregular, convulsive, and impulsive actions of hysterical patients, depend rather upon some state of the blood, which alters its healthy relation to the nervous tissue, than upon any structural alteration of the proper nervous tissue itself.

During the last nine months, Dr. Camps has had under his care a somewhat severe and remarkable case of hysteria, which he thinks is one that afforded him good reason to conclude that it, and similar cases, present phenomena that clearly show a connection between mental and bodily disease. The subject of this affection was a lady, above fifty years of age, of a highly nervous temperament, who first came under his notice, presenting many of the ordinary characters of hysteria; but as the disease gradually developed itself, this patient presented, in addition, many of the characters of a very protracted and aggravated case of this disease. There were paroxysms of choreic movements; at first chiefly confined to the lower extremities, and to the left side of the trunk; these gradually affected, in a slighter degree, the upper extremities; being attended then with considerable paroxysmic palpitation of the heart, and heavy, labored respira-



tion. Then supervened excessive restlessness of the body generally, so that when out of bed, the patient was almost always in bodily action, seldom or never sitting, frequently not even when at meals; in motion whilst standing, and very frequently walking hurriedly about in various apartments of the house. This was followed by, and accompanied with, excessive talkativeness, so as to fatigue her companions. When remonstrated with, and requested to be silent, her reply was, "I must talk, for I cannot help it." The subject of her conversation was, almost invariably, herself, and her peculiar ailment and condition, and this ultimately assumed the form of intense selfishness or egotism. There was no derangement of the special senses, nor of the general cuticular sensation. The disease appeared to ascend gradually higher along the cerebro-spinal axis, and at length to reach the sensory ganglia, and the cerebrum itself; for certain *psychical* phenomena presented themselves at times, bearing the closest affinity to those exhibited in some forms of mental disease. Commonly, the patient slept well during the earlier part of the night, and seldom or never complained of pain in any part of the frame. The faculties of perception and memory were unimpaired, as was the judgment also in relation to all matters of business demanding close attention; the imagination was in too lively exercise at times, but the will appeared to have lost its controlling power over the current of the thoughts. The patient would frequently remark, "My thoughts master me; I cannot help thinking about myself: I seem at times to have lost the power to think of anything, or anybody, beside myself." Frequently, but not always, there was great irritability of temper; and this would sometimes be expressed in words, and sometimes in actions. The will having lost its controlling power, the impulses arising from this state of excessive emotional sensibility were occasionally expressed in very irregular and extraordinary phrases and actions of the body.

The view the author takes of this case was, that it is mainly connected with the cessation of the menstrual function. Moreover, in this case, there was excessive irritation, possibly congestion, of the greater part of the cerebro-spinal axis, including at least the sensory ganglia at the base of the brain—a condition of parts sufficient to account for most if not for all the symptoms connected with the nervous system.

Dr. Camps concludes by a brief reference to the treatment of hysteria. The measures recommended are: 1. The use of such agents as improve the general health, and especially the general state of nutrition of the nervous tissue; 2. Of such agents as remove the exciting causes of the paroxysms; and lastly, of all such agents as are likely to act beneficially upon the mental state and condition of the patient.—*British Med. Jour.*, and *Ranking's Abstract*.

DR. H. B. WILBUR ON THE CLASSIFICATION AND INSTRUCTION OF IDIOTS.—The N. Y. Asylum for Idiots was established to meet a public want. There were within the borders of the State, judging from the statistics of other countries and states, under similar circumstances, and of analogous population, more than 3000 idiots, embracing every shade of mental endowment below the common standard of intelligence, and subjected to every variety of social influences. They were thrown, by the very nature of their infirmity, beyond the pale of that common-school education which the State provides for every child of average intellect within its limits.

Any rational and practicable project for the amelioration of their condition or the furnishing of any permanent relief to those who were burdened with their care, would look beyond the mere ministering to their physical wants, or the simple substitution of the State's care and maintenance for that of parents, friends or local authorities. It would afford them opportunities for development. It would give them all the education that they were susceptible of. It would attempt to qualify them, by a proper instruction in practical matters, to be returned to their friends capable of sustaining and providing for themselves with the least possible care and anxiety of others. And it would do this in accordance with the policy, long established in reference to those other children of misfortune, the deaf-mute and the blind.

It would seem to lie outside the province of the State's charity in this direction, to provide a public institution for such of the number as could be as well cared for under family or other influences at home. Nor is it the policy of the State, at present, to adopt any of these unfortunates. It only assumes their guardianship and maintenance during the period of education. It will be understood then, that the institution is an educational one and is not custodial in its character. All admitted therefore to its privileges, should be of a teachable age and of a teachable condition. As to the first point, our general rule (the admission of pupils from 7 to 14 years of age) seems to be practically a just one. At all events, as it can be suspended, for proper reasons, in any individual case, by the action of the board of trustees, it can do no harm. Whenever, in the farther experience of the institution, it shall be deemed advisable to extend the limits of age in the reception of pupils, it can be done.

As to what constitutes a teachable condition, in the case of idiots, is a point not so easily determined. On the one hand, it had been universally supposed, till a few years since, that education was of no service in any case of idiocy. On the other hand, there have been but a very few cases that have been submitted to a judicious course of training, for any length of time, either in this institution or any other of similar character elsewhere, in which those most interested in the welfare of the parties, have not seen a very decided improve-

ment as the result. The only exceptions to this rule have been those cases, in which the idiocy was apparently dependent upon an active organic disease of the brain.

In certain classes of cases, however, there will not be much difficulty in deciding to exclude the parties for whose admission to the Asylum application is made. Cases of idiocy, accompanied with confirmed epilepsy, are to be reckoned among these. The presence of the two conjoined, (whichever manifestation precedes the other) usually indicates the existence of a common cause in organic disease of the brain or spinal cord. In such instances, the epilepsy is generally incurable. Each recurring paroxysm impairs the more the intellectual faculties, till complete dementia and death are the result. Even when, in the intervals between the convulsions, a marked improvement in all respects has rewarded the persistent efforts of training and instruction, a single recurrence of the disease will destroy the labor of months. Under such circumstances, an institution offers no very essential advantages over a home, and its accommodations should be reserved for those who can be radically benefited.

Again, where insanity is complicated with idiocy, (not a very common complication, however) it is not deemed advisable to receive them into this institution. We have no provision for confinement, or in fact for restraint of any kind. The very means employed to arouse the attention and stimulate the sluggish intellectual operations of our ordinary pupils, tend to excite and aggravate the peculiar mental condition of this class. The admission of the insane, therefore, would subject us to very great trouble and inconvenience, without any corresponding benefit to those received, if not a positive injury to them.

It has not been the policy of this institution to receive cases of very marked deformity, nor where the subjects are hopelessly crippled, from permanent contractions of the muscles and tendons, or from irregular and spasmodic muscular contractions, preventing the application of our elementary physical training, nor yet the numerous cases of idiocy connected with a depraved and diseased physical condition, proper subjects for a hospital of incurables, and not for an educational establishment. These are often very troublesome cases at home, which induces the friends to make application for their admission here. In some instances, where there has been a loss of one or both parents, they are urged upon the officers of the Asylum with great persistence, even when it is supposed that they are coming here to die. In fact, a large percentage of the deaths that have occurred in the establishment, since its foundation, have been in cases that have come hither with fatal disease already at work upon them.

There is another class of cases usually admitted on a proper application, but who are dismissed after a fair trial and examination, if the result confirms the opinion of the officers as to their probable con-

dition. I refer to cases of *dementia*, in distinction from idiocy, when a gradual obliteration of the mental faculties has supervened after an organic disease of the brain, and the disease is still active and progressive. These are dismissed as incurables.

Excluding then all cases coming within the classes thus enumerated, the institution, according to the language of our by-laws, affords to that portion of the youth of the State, not provided for in any other educational establishment, and who are of a proper school attending age, all the education practicable in each particular case. "The education furnished by the institution will include not only the simpler elements of instruction usually taught in common schools, where that is practicable; but will embrace a course of training in the more practical matters of every day life; the cultivation of habits of decency, propriety, self-management and self-reliance, and the development and increase of a capacity for useful occupations." It is designed, in other words, to receive all children of a suitable age hitherto shut out from educational privileges, by reason of a defect or infirmity of their mental powers. This includes a much wider range of natural endowment than would at first be supposed, and within this range there exists a great variety of manifestations.

When one observes carefully the phenomena of idiocy, he is surprised to find that differences in the individual characteristics, are more noticeable than the resemblances that would be anticipated from a mere casual observation. This is so marked, that it is always difficult properly to classify them for purposes of accurate description. Still these differences and peculiarities, as relating to the principles and methods to be adopted in their instruction, and to the diversity of the educational results to be aimed at, may be sufficiently indicated for our present purpose.

Some are only a little below a degree of intelligence that would enable them to be educated in the common schools of the State. They are so nearly possessed of all human faculties to a normal degree, that it is difficult to say in what the deficiency consists; and yet this slight inferiority separates them practically, by a long interval, from those with whom they would naturally associate, in the school-room, in the play-ground, and even in the family. Others are low down in the scale of idiocy. They approximate what has been described as the type of idiocy, or the extreme of mental incapacity; an individual who neither wills, nor thinks, nor acts. In such an one, there seems to be no power of spontaneous thought or action. In such an one, sensation is only followed by an imperfect reflex action. In such an one, inertia so prevails that consciousness responds feebly, only, to the loudest summons through the avenues of special sensation.

Between these two extremes, there exists every variety of mani-

festations. The mental and moral phenomena are as diverse as the physical and physiological conditions, upon which they depend.—*Ninth Annual Report of the N. Y. Asylum for Idiots.*

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TARENTISM AND THE TIGRETIER OF ABYSSINIA.—Among the most singular and fatal of the many nervous epidemics which prevailed in Europe during the middle ages, is that of Tarentism. This affection is noticed by several contemporary or early writers, but in such a manner that its nature was not well understood until an experience of similar epidemics, in the present century, had enabled the physician to interpret the class of phenomena which it presents.

In a late number of the *Art Medicale*, we find a paper in which is noticed the origin, nature and medical history of Tarentism, as it prevailed for two centuries in Europe, with the description of a similar nervous disorder, recently observed in Abyssinia, and denominated Tigretier. Tarentism first appeared as an epidemic in Apulia, in Italy, near the close of the fourteenth century. The social convulsions, and the devastating physical epidemics, of this and the previous century, had left a moral and bodily depression, in which slight exciting causes gave rise to extensive epidemics. In this accident of the bite of a spider, in a limited locality, was the origin of a nervous malady which spread over the south of Europe, with the most wonderful and serious results. There is no doubt that, in persons predisposed to nervous maladies, the venomous and painful bite of the tarantula had before excited certain symptoms of a choreic kind; but until the time mentioned, there seems to have been nothing distinctive in these manifestations.

The morbid desires and repulsions, the hallucinations, and especially the dancing movements of those afflicted, are well known. The effect of music in the relief of these patients seems to be sufficiently attested. On this point we translate as follows:—

“At the end of the XVth century, we find tarentisin diffused be-  
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yond the limits of Apulia, and the terror inspired by the sting of the spider considerably augmented. In the general opinion, persons stung were doomed to certain death, and if some escaped this, the rest of their life was darkened by a lesion of mind and a state of incurable debility. Some experienced a sensible alteration of their visual and auditory faculties. Others lost the use of speech, and all remained insensible to ordinary means of excitement. The flute and the guitar brought them solace; gradually awakened as from the lethargy of a magic spell, they opened their eyes, moved, at first slowly and in measure, then, as the music quickened, fell into an impassioned dance. It created general surprise, to see country people without education, without any knowledge of music, show in these dances a remarkable aptitude, as though they had long been practised in the most graceful movements; but it is peculiar to these nervous maladies, that the organs of movement, withdrawn from their ordinary mode of action, should be so much the more subject to the exaltation of the spirit. During the summer, the towns and villages resounded with the sound of flutes, of clarionets, and Turkish cymbals; every where patients were seen expecting their cure by the dance. Amid circumstances so favorable for its development, tarentism made from year to year progress ever more rapid. The number of patients increased amazingly, until little by little the season of the *Tarantali* became a real festival, expected with general impatience, as a sort of popular medical opera. The cases of tarentism will still thus have multiplied without our being justified in attributing the cause of this increase to deception, rather than to a moral idiosyncrasy. The celebrated *Matthioli*, who deserves all confidence, speaks as an eye-witness. He, as well as Alexander, attests the marvellous influence of music, and although the patients often lay upon their beds overcome with pain and despairing of their cure, they rose as if inspired as soon as they heard the first sounds of the melodies that impressed them. The *tarentellas* alone had this happy influence; as soon as these were played, the patients forgot their woes, danced in cadence unweariedly during whole hours, until, bedewed with wholesome sweats, a natural fatigue delivered them for a season, or even for a year, from their melancholy afflictions. The experience of Alexander, on the danger of interrupting the music, is generally confirmed. As soon as the clarionets and cymbals were hushed, which could not sometimes be avoided, since the dancers tired out the most robust musicians, the patients suddenly stopped, and fell to the ground in a fresh attack of melancholy and exhaustion, from which they could only be rescued by recommencing the dance; thus they tried so to manage it, that the music should last until the dancers were fatigued, and preferred paying extra musicians to relay those in service, rather than allow the patients relieved by these salutary dances, to relapse into their sad condition."



The following relates to the affection of Tarentism, which has recently been observed in Africa :—

“ We have seen what epidemic *tarentism* was in the middle ages, but a malady that overran all the south of Europe during two centuries, could hardly be extinguished so effectually as not to be found acclimated in some country, whence possibly it may have first issued to invade our continent.

“ The cradle of cholera is on the banks of the Ganges ; there we are sure to find it, even when it has disappeared every where else.

“ The plague issued from the banks of the Nile, has overrun Europe many times successively, and now that it has ceased its fearful ravages among us, we find it again, and can study it still in its native Egypt.

“ It is also thus with *Tarentism*, and what proves decisively that this is not a feigned malady, but has really existed as an epidemic nervous affection, independent of the sting of the tarentula and of all the deceptions which may have mingled with it, is that it is found again with all its characters, with its most whimsical phenomena, with its sole efficacious treatment by the dance and music, in Abyssinia, in the province of the Tigre, whence it takes the name Tigretier.

“ *The Tigretier or Abyssinian Chorea*.—There exists in the province of Tigre, in Abyssinia, a sort of chorea or epidemic musicomania, that bears the strongest resemblance to Tarentism. Women are oftener attacked than men by the Tigretier, and it is characterized by a state of melancholy, the prolongation of which induces emaciation and death. Only music and the dance triumph over its crises. Hecker admits the identity of the malady with that which the Ethiopians call *astara-gaza* ; it also exists in the provinces of Amhara and Galla, but much less frequent than in the Tigre.

“ An English traveler, who had sojourned nine years in Abyssinia, Nathaniel Pearce, describes its phenomena, of which he had been himself an eye-witness, during a residence in Abyssinia from 1810 to 1819. ‘ The tigretier ’ he says, ‘ begins by a violent febrile paroxysm, which soon subsides into a slow fever, and produces extreme emaciation and even death, unless timely succor is afforded. The speech becomes unintelligible, and is, say the natives, only understood by those similarly affected. When the relatives are convinced that the malady is the real tigretier, they contribute to bear the expenses of the treatment, and send first for a docter, a kind of priest, who reads to the patient the gospel according to St. John, and daily showers him with cold water during a week, a procedure of which death is often the result. The most efficacious treatment imposes considerable expenses. The relatives hire a company of musicians,

and all the young persons, the daughters and wives, assemble before the patient's house to celebrate a festival.

“‘I was one day called to the house of a neighbor, whose young wife, tenderly beloved by him, had the misfortune to be thus attacked : the husband was my old companion, so I visited the patient every day. But I soon perceived that my cares could be of no avail, although she did not refuse my remedies. She talked much, but neither I nor her relatives could understand what she said. At the sight of a book or of a priest, she manifested great aversion by gestures the most decided. A violent agitation was remarked in her, during which she shed torrents of tears colored with blood. She had already passed three whole months in this deplorable state, and during all this time she had taken so little nourishment that it was hard to understand how she could still be alive. Finally, her husband decided to employ the ordinary remedy, and after having made the necessary preparations, he borrowed from all his neighbors jewels of silver, and therewith decked his wife.

“‘On the evening of the fête, I placed myself near the patient to observe her attentively. About two minutes after the trumpets had begun to sound, I saw her move first her shoulders, then her head and chest, and in less than a quarter of an hour, she was found seated on her bed. Although occasionally smiling, she cast around ferocious looks which caused me to withdraw, much surprised as I was to see a patient dried up to the very bones, still move with so much force. Her head, her neck, her shoulders, her hands and feet, her whole body moved in cadence to the sounds of the music ; at last she rose erect, then fell to dancing, leaped and gambolled at intervals, and, in proportion as the sounds of the music and songs of the assistants grew louder, she leaped still higher and higher, sometimes more than three feet into the air. When the music ceased, the greatest anxiety possessed her ; when on the contrary it became more intense, she smiled again and appeared satisfied. During the whole dance she showed not the least sign of fatigue, even when the musicians were exhausted, but testified great displeasure when they merely stopped to take breath. On the following day she was conducted, according to the custom, to the market place, where vessels of drink prepared for the dancers and musicians, had been already placed. When the troupe was assembled and the music had commenced, she entered the circle of the assistants and began to dance, taking the most fantastic postures. The dance lasted all day. Towards evening she let fall, one by one, from her neck, her arms and her feet, all the jewels of silver, so that at the end of three hours she was despoiled of all her chains and bracelets, which a relative picked up and restored to their owners. Finally, as the sun was setting, she darted off at a speed exceeding that of our swiftest runners, then fell as if mortally wounded. A young man immediately left in pursuit

of her, and fired his flint-lock musket over her head from a distance, as is customary among these people. Then coming up with her, he struck her on the back with the flat of his dagger, asked her her name, which she answered without hesitation, which is regarded as a sign of cure, because during their whole illness the patients cannot answer to their christian names. She was then brought back to her own house, all feeble and attenuated. A priest waited there to baptize her, as though she had need to be received anew into the church. This was the whole treatment. It is not so readily successful with all patients. Some must repeat the dance in public several days successively; in others this remains without effect. I have seen these patients make, during their attacks, the most fantastic contortions, bearing upon the head a bottle full of liquid, without either letting it fall or spilling the least drop of its contents.

“I should not have spoken of this malady, I might have denied its existence, had I not seen all with my own eyes, and had an example of it in my own wife (a Greek woman by birth). I thought at first that the lash might be serviceable, and one day applied some slight blows, in the belief that feminine nature was slightly in play here, and that the true cause of malady was a desire to be remarked by a showy dress in the dance. But what was my astonishment, when in the midst of my therapeutic flagellation, she fell to the ground as dead! All her limbs, to the very fingers, stiffened motionless, so that I really believed her last hour was come. I told my people that she had swooned, concealing from them the cause of this unfortunate accident. But they had already brought musicians, whose aid I had hitherto obstinately refused. The music soon restored my wife to consciousness. I then left to her relatives the care of employing the means of cure which I have described, and I had only to regret that the duration of the treatment, longer than for the other patient, cost me much dearer.’”

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SPANISH LUNATIC ASYLUMS.—Chevalier Pugasdas has arrived in Paris, in pursuance of a commission entrusted to him by the Spanish Government, of examining into the present condition of Lunatic Asylums throughout Europe, prior to the introduction of much-needed ameliorations into the Spanish asylums. Notwithstanding that Spain was the country in which asylums were first established, 1409, in no part of the world are they in a more deplorable state than at present. M. Desmaisons, of Bordeaux, having found, in a recent visit to the Madrid General Hospital, numbers of hapless lunatics tied to their beds in the subterranean vaults of the establishment.—*Med. Times and Gazette*.

LUNATICS AT LARGE.—Another proof, if proof were still wanting, of the absurd outcry periodically raised by a discriminating public against the abominable practices of “Mad Doctors,” has been again painfully exhibited to us in the case of the artillery sergeant, who last week cut the throats of his wife and young children, and then attempted to commit suicide. Every one knows perfectly well, before his trial, that the man will be sent to a lunatic asylum for life, and not to the gallows, on the ground of insanity; but if, before the man had committed the act, any scientific physician—one skilled in the study of diseased minds—had set his eye upon the man, and had declared that he had those signs about him which indicated the probability of his committing an outrageous act, all the world would have cried out against the enormity of the idea of his being put under restraint. We are glad to say, however, that for some time past there has been little heard from the public on this score: and we trust, therefore, that the disproof of the indiscriminating abuse which was showered down about two years ago on this department of our profession, has produced a degree of sense in those who judge harshly and rashly, such as to lead them to reflect in future before they accuse. If skilled science is of any use at all, it is of use in anticipating disease and its products, and, therefore, so far from discouraging, we ought to encourage, by all means in our power, those who seek out the first symptoms of insanity, and discover it even before its symptoms are manifested to the uneducated.—*Med. (Eng.) Times.*

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THE HYPNOTIC PROPERTIES OF CHLOROFORM.—Dr. Uytterhoeven, of Belgium, having recommended chloroform in small doses as an excellent hypnotic, Dr. Fonssagrives has also called the attention of practitioners to the employment of this agent, which for several years has never completely failed in his hands. Want of sleep, according to M. Fonssagrives, is attributable to two very different causes. Sometimes it is the result of the permanence of some painful symptom, which prevents rest, and at other times it constitutes a merely nervous symptom, originating in an acute moral affection, or a too active or too protracted intellectual effort: sometimes the cause is a morbid habit of the cerebral centre, and at other times insomnia results from the abuse of narcotic medicines, or it marks the course or the decline of certain acute diseases. The latter cases are those which are the best suited to the employment of chloroform. The formula of M. Uytterhoeven consists in administering a varying dose of five to ten drops in some mucilaginous fluid, and M. Fonssagrives has given it in this manner with the greatest success.—*Bulletin Général de Thérapeutique*, and *Brit. & For. Med. Chir. Rev.*

## DR. DUNGLISON'S STATISTICS OF INSANITY IN THE UNITED STATES.

—The fact made most prominent in this paper, is that of the extreme unreliability of the statistics presented. This is in part because of the imperfection of census returns, in part owing to a want of system in Asylum reports, but in a great degree, it must be confessed, to the nature of the subject, and the deficiency of science in respect to it. Nevertheless these statistics, as perhaps the best that can be obtained, have a certain value. We append, in a condensed form, the more general results.

The numbers insane and with infirmities of sense, and their proportion to the general population in the United States, are as follows : Insane, 15,610, or 1 to 1485 ; Idiots, 15,787, or 1 to 1469 ; Deaf-mutes, 9,803, or 1 to 2365 ; Blind, 9,794, or 1 to 2367.

Insanity is found to be more frequent among the foreign-born than among the native population. The proportion of insane to the native population, is 1 to 1360 ; to the foreign-born, 1 to 1061.

Insanity prevails to a greater extent among the white and free colored population than among the slaves. This is thought to be due to the freedom of the latter from care and anxiety, and from intemperance and other excesses.

Whether insanity has increased in a greater ratio than the population, statistics do not warrant us in forming an opinion. Dr. D. is disposed to assume that it has not.

A very complete list of institutions for the insane, their location, chief officers, and latest general statistics are given. According to this there are 30 State, 8 corporate and mixed, 7 private, 5 pauper, and 1 federal—in all 51—institutions.

Under the head of "Personal History of the Patient previous to Attack," is given the statistics of sex, age at which insanity first appeared, civil condition, occupation, education, and heredity. These results have been very generally obtained, but they do not thus far warrant any useful deductions. The same is considered to be true of the special points in the "History of the Attack," and respecting "Insanity considered in its Results."

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DR. WINSLOW'S NEW WORK.—A copy of this interesting and valuable treatise, "On Obscure Diseases of the Brain and Disorders of the Mind, by Forbes Winslow, M. D., D. C. L.," has been received from the author, and will be noticed in the next number of this journal.



## MEDICAL JOURNALS RECEIVED.

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Oesterreichische Zeitschrift für Practische Heilkunde. Vienna.  
 Annales Médico-Psychologiques. Paris.  
 Journal de la Physiologie de l' Homme et des Animaux. Paris.  
 Archives des Sciences Physiques et Naturelles. Geneva.  
 Quarterly Journal of Microscopical Science. London.  
 The Dublin Medical Press. Dublin.  
 British and Foreign Medico-Chirurgical Review. London. N. York Re-print  
 Ranking's Half-Yearly Abstract. London. Philadelphia Re-print.  
 New York Journal of Medicine. New York.  
 American Medical Gazette. New York.  
 American Medical Monthly. New York.  
 The Scalpel. New York.  
 North American Medico-Chirurgical Review. Philadelphia.  
 American Journal of the Medical Sciences. "  
 The American Journal of Dental Science. "  
 The Medical News and Library. "  
 The Medical and Surgical Reporter. "  
 The American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Dental Cosmos. "  
 The American Law Register. "  
 Quarterly Summary of the Transactions of the College of Physicians of  
 Philadelphia. Philadelphia.  
 The Maryland and Virginia Medical Journal. Baltimore and Richmond.  
 The Charleston Medical Journal and Review. Charleston, S. C.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
 Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
 New Orleans Medical and Surgical Journal. New Orleans.  
 St. Louis Medical and Surgical Journal. St. Louis, Mo.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
 Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.  
 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 The Western Law Monthly. Cleveland, O.  
 The Chicago Medical Journal. Chicago, Ill.  
 Chicago Medical Examiner. Chicago, Ill.



# AMERICAN JOURNAL OF INSANITY.

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VOL. XVII.

UTICA, OCTOBER, 1860.

No. 2.

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ESSAYS, CASES, AND SELECTIONS.

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ON A FORM OF INSANITY FOR WHICH THE NAME OF  
CONGESTIVE MANIA HAS BEEN PROPOSED. BY J. H.  
WORTHINGTON, M. D., Superintendent of Friends' Asylum for the  
Insane, Philadelphia, Pa.

*Read before the Association of Medical Superintendents of Amer-  
ican Institutions for the Insane.*

THE question whether disorders of the nervous system are increasing in a more rapid ratio than that of the population of our country, is one of deep interest, and though there may be no sufficient data for deciding it in the affirmative, there are strong reasons for believing that facts would justify such a conclusion.

We have only to consider the large number of patients affected with the worst and most dangerous forms of insanity, collected together in the hospitals of the large cities of England and France, and the rapid increase of our own cities and towns, in which an artificial and luxurious mode of living on one hand, and the cares and anxiety of securing a livelihood in the midst of the competition of a dense population on the other, are assimilating all classes of society more and more to the circumstances of the residents of the large

European cities, to be convinced of the dangers which await us from the increase of causes which have proved to be most productive of the severer forms of mental disorder.

It is to be hoped that so extensive a prevalence of the worst grades of insanity, culminating in general paralysis, as exists at this time in the hospitals of Europe, may never be witnessed in this country. There is, however, a form of cerebral disorder presenting some of the prominent mental characteristics of general paralysis, and arising from the same causes, which, it appears to me, is on the increase in our large cities, and which I have thought might profitably claim the attention of the Association.

The mental disorder in this class of cases, of which I propose to give a brief description, I have always been in the habit of considering as symptomatic of some grave organic lesion of the brain. From the commencement of the attack, the intellectual disorder is strikingly different from that which is manifested in ordinary insanity. It may appear under any of the usual forms of insanity. The patient may be excited, as in mania and monomania, or depressed, as in melancholia; but, in addition to emotional disorder and the delusions which are prominent characters of these forms of insanity, there are evidences of decided intellectual impairment. The memory is, I believe, nearly always more or less affected, sometimes to the extent of completely blotting out every event of the past life. The patient is generally unable to note the lapse of time, or to form a correct idea of his locality, or of the circumstances by which he is surrounded. Persons affected with this form of insanity are frequently in error respecting their place of abode;—if in a public institution fancying that they are in a hotel, and that they have business requiring attention in the next street. The merchant has some important engagement, the physician his patients whom he is anxious to visit, and the mechanic imagines he has been engaged in his daily occupation, and wishes to return to his family who are expecting him. In these cases the memory, if not entirely null, is so far impaired that the patient is unable to connect his present with his former situation by an intervening chain of events, by which means his erroneous conceptions might be corrected.

The degree of mental impairment which always exists in these cases, indicating a serious lesion of the cerebral structure, and the consequent gravity of the prognosis, seems to require that they should be distinguished from cases of simple insanity, in which the mental manifestations and termination are so different. The mental condition peculiar to them is scarcely ever observed to originate during the progress of ordinary mania or melancholia. On the other hand, their characteristic physiognomy is strongly impressed upon them from the beginning; so that you will be able to say, with great certainty, that a case is incurable, when otherwise the recent origin of the disorder would warrant the strongest expectations of recovery.

In some of these cases the insanity, consisting mainly of the most extravagant delusions respecting the wealth or social position of the patient, very closely resembles that form of mental aberration which was until recently considered as almost exclusively belonging to general paralysis. A distinguished French alienist\* has not hesitated to class these with the last named disease, even before the appearance of the slightest symptom of paralysis. Another celebrated authority,† while recognizing the serious character of these cases, and believing that they frequently end in paralytic insanity, is still unwilling that they should be distinguished from cases of simple insanity, until evidences of impaired muscular action are unequivocally present. A third equally eminent name‡ has declared in favor of separating these cases from simple insanity on the one hand, and from general paralysis on the other, and making of them a distinct class, under the name of "congestive mania." This term seems well adapted to express the character of the cases which I propose to describe, and I make use of it rather as a matter of convenience than for the purpose of dignifying them with the rank of a distinct disease.

The prominent mental characteristic of congestive mania is di-

\* Dr. J. Falret, *Annales Médico-Psychologiques*, tome v, p. 127.

† Dr. Parchappe, *Annales Médico-Psychologiques*, tome v, p. 479.

‡ Dr. Baillarger, *Annales Médico-Psychologiques*, tome iv, p. 579.

minished power, which is manifested chiefly by confusion of ideas, incoherence of language, and impaired memory. The term confusion of ideas seems to me very expressive of that condition of mental chaos in which—

“*Congestaque eodem*

*Non bene junctarum discordia semina rerum;*”

in which the discordant elements of thought are so confused and mingled together, that the patient is unable to arrange them in an orderly and connected manner. The incoherence differs from that observed in ordinary mania, which results from an exuberance of ideas struggling, as it were, for expression, and forcing themselves into utterance without any regard to orderly arrangement; while in this form of mania, the want of coherence is owing rather to the absence of that mental vigor which is necessary for following out a connected train of thought.

Failure of memory is, however, the most striking indication of the intellectual impairment. It is not unusual, when patients affected with this form of insanity are taken to a public institution, for them to retain but very indistinct recollections of their journey, and these even may be very soon entirely obliterated. When left by their friends they scarcely inquire after them, or realize the novelty of their position. They imagine themselves to be engaged about their customary business, because they are unable to draw correct conclusions respecting their position from the circumstances in which they are placed, and because their memory fails to present to their minds the succession of occurrences which is necessary to connect, and at the same time to separate their past and present. Patients affected with simple insanity, when placed for medical care in an institution, generally recognize at once the character of the establishment, and frequently manifest considerable ingenuity in framing reasons for their confinement, which may appear to themselves or others consistent with the theory of their own mental integrity. The profound mental impairment of those affected with congestive mania is shown, on the other hand, by the fact, that they are seldom aware of the nature of the institution in which they may be temporarily residing,

and, if they are partially conscious at intervals of their confinement, they can discover nothing in the fact that is inconsistent with the ideas they entertain of their perfect mental and physical health, or of their exalted station and influence, and never seem to feel the necessity of doing away with the imputation of insanity by explaining why they, who are perfectly sane, should be placed in confinement with lunatics. Those afflicted with simple madness often display great energy and perseverance in the pursuit of an object, and are very ingenious in adapting their means to the end in view. In congestive mania, on the other hand, patients seldom manifest much perseverance in the accomplishment of their designs, and when they do so the means they employ are often ludicrously disproportionate to the results they anticipate. Sometimes, as in ordinary mania, patients manifest considerable muscular energy and activity, and a strong desire to be in motion, but their activity is generally without an object, and appears to be mechanical rather than voluntary.

The form which the mental disorder assumes in congestive mania varies in different cases, and is dependent upon the predominance of emotional excitement on the one hand, or of depression on the other. The patient sometimes presents the wild excitement of the highest grades of ordinary mania. He may be violent, destructive and noisy, and as he is, in consequence of the impairment of his reasoning powers, incapable of being influenced by any appeal to his better judgment, he is frequently very difficult to control. In many cases the emotional condition partakes of that gay and expansive character, which has been so frequently described as a symptom of general paralysis. The patient is pleased with himself and every one with whom he comes in contact. He entertains the most extravagant delusions respecting his fortune, his social position, or his personal influence. He believes himself the possessor of immense wealth, and has offices, gifts or preferments to bestow upon all. He forms the most magnificent schemes for his own and the aggrandizement of his friends, and is most profuse in his promises to those whom he is desirous of enlisting in his service. He thinks himself in perfect physical health, and possessed of great muscular strength, and distin-

guished mental abilities. These patients are frequently subject to hallucinations, especially of hearing, and voices at enormous distances, which no other ear can hear, are plainly audible to them; and they thus hold conversations with the Almighty, or with distant or departed friends. Their manner is frank, open and free, and their whole figure and expression manifest the highest degree of satisfaction, contentment and happiness.

The prominent delusions, on the other hand, may be of a painful character. The patient will be impressed with the conviction that his sins have incurred the Divine displeasure, and that he can never obtain forgiveness. They sometimes accuse themselves of great crimes, which they say they have secretly committed, and believe that their malady, of which they are to some extent conscious, is sent as a judgment from Heaven to punish them. They believe that their misdeeds have brought extreme distress upon their families, and all that are most dear to them; or that they have rendered themselves amenable to justice, and that the institution where they may have been placed for medical treatment is a prison where they have been sent for punishment, and where they are doomed to undergo the most dreadful tortures. They imagine that they are to be burned or flayed alive; that they are to be scalded to death; that they are to be shot, or hanged, or poisoned. They are frequently harassed by hallucinations, and fancy that they hear voices threatening them with punishment, or devising means for their torture. In some instances they voluntarily seek death, as the only mode of escape from their sufferings; in others, under the impression that it is sinful to eat, or because God has forbidden them to do so, they refuse nourishment for long periods, and in consequence become extremely weak and emaciated. They frequently imagine themselves to be the victims of some secret persecution, and that their enemies are seeking means to compass their destruction. They believe themselves acted on by some mysterious influence, which they call magnetism or electricity, and by which they suppose their enemies are able to injure them without fear of discovery.

In another class of cases the emotional disturbance may be very



slight, even at the commencement of the attack, and there may be very little outward manifestation, either in language or conduct, of the serious nature of the disease, which may have fastened itself irremediably upon the patient. He may quietly entertain some delusion respecting his fortune or social position, or believe himself under the special guidance and protection of the Almighty, and may be subject to various hallucinations, while his language and deportment, to common observation, may be those of a sane person. But in these cases there is always marked impairment of the mental faculties, under the form of enfeebled memory, or inability to comprehend any subject upon which you may wish to fix his attention. When conversing with a case of this description, you will sometimes be made painfully sensible of the futility of every effort to impress him with a new idea, while he may perhaps talk sensibly and rationally on subjects with which he is already familiar.

The above are the prominent mental characteristics of the cases of insanity which I propose to describe under the name of congestive mania. The most of the symptoms which have been named are, however, met with in cases of simple insanity, under one or another of its various forms, and I would now call the attention of the Association to a different class of symptoms, which may be considered as peculiar to the congestive form of the disease, and therefore as distinguishing it from simple insanity. These are the physical phenomena indicating the congestive character of the disease, which has attacked the nervous centres.

Among the general symptoms peculiar to congestive mania, are those which indicate cerebral oppression; and these may vary from slight giddiness or confusion of ideas, to the most complete deprivation of sense and motion. Instead of the heightened sensibility to external impressions, which is a striking characteristic of simple mania, there is always in the congestive form diminished acuteness of perception. Though the organs of the special senses may be perfect, the brain seems incapable of receiving clear and distinct impressions of outward objects, so that the patient rarely forms correct ideas of the circumstances in the midst of which he is placed. As in gene-

ral paralysis, there is diminished sensibility to pain, and in some instances, where the congestion extends to the portions of the brain supplying nerves to the sensitive organs, there is impairment of vision or of the senses of smell and taste, and patients sometimes experience a sensation of numbness in the extremities. Another set of symptoms which indicate cerebral congestion, are those which, without amounting to paralysis, are yet evidences of diminished muscular power; such as tremulousness of the hands, lips or tongue, unequal dilatation of the pupils, and indistinct articulation, when it is slight, and when it is observed only at long intervals. In some cases the whole muscular system seems to be remarkably deficient in energy. The patient walks bending forward, or with a shuffling motion of the feet, and all his movements are stiff and constrained; or he reels from side to side in walking, like an intoxicated person. In other cases there is evident though slight paralysis, which is frequently temporary, confined to a single muscle or set of muscles, and manifested by the drooping of an eyelid or slight relaxation of the muscles of one side of the face. There are cases, again, where the muscular system is affected with spasm—there may be grinding of the teeth, or muscular jerkings of the extremities, or the whole system may be affected with convulsions which closely resemble those of epilepsy.

In some cases the disease commences with an attack of cerebral congestion, during which the patient remains unconscious for perhaps only a short period. On recovering consciousness he will appear confused and bewildered, and the mental disorder will gradually increase until it amounts to decided insanity. At the same time the pupils may be unequally dilated, or muscular tremors may be observed in the tongue or lips, or in the upper extremities. In other cases there may be several attacks of unconsciousness, without any appearance of mental aberration for a considerable time. In others, again, the congestion may be so slight as not to render the patient unconscious, and he will complain only of giddiness and confusion of ideas, until at length mental disorder will become more manifest.

In another class of cases the mental aberration exists for a considerable time before the physical symptoms, indicating the nature

of the disease, make their appearance. Here, however, the insanity generally manifests that peculiar tendency to dementia, which has been mentioned above as denoting the congestive form of the disease. After the attack has existed for several weeks or months, the patient will be found exhibiting symptoms of decided cerebral congestion. Having previously been in a condition of high mental excitement, he will all at once appear silent, subdued and bewildered, he will be unable to comprehend anything that is said to him, will perhaps be unable to speak, and in walking his body will incline to one side. These symptoms may continue for a few hours, and under appropriate treatment the patient may gradually be restored to his former condition, or they may speedily be followed by an attack of convulsions resembling epilepsy, succeeded by coma of many hours duration.

Some of these cases are presented under the sub-acute form, and resemble somewhat that affection which has been described by Dr. Bell of Massachusetts as a new form of disease, by different authors under the name of acute delirium, and by Dr. Calmeil as insidious peri-encephalitis. Patients manifesting the symptoms which have been described under the above names, sometimes linger a considerable time, and before death, and even during the whole progress of their disease, present tremors and other signs of muscular impairment, which have been described above as peculiar to this form of disease, and as indicative of cerebral congestion. In these cases the patient sleeps but little, and the digestive functions become seriously implicated. The natural desire for food and drinks is entirely lost, the tongue is covered with a thick fur, and at length becomes dry and brown, the breath has a peculiar acid or an offensive odor, emaciation rapidly progresses, eschars form on the parts of the body most subject to pressure, and the patient dies, apparently exhausted in consequence of long continued nervous irritation, and impairment of the nutritive functions, rather than from the direct action of the disease upon the brain itself.

In congestive mania there is a strong tendency of the system to that form of general, functional impairment, which has been des-

cribed by Dr. Parchappe under the name of *cerebral marasmus*. Under the influence of the various painful delusions from which these patients so frequently suffer, but more especially owing to the depressing effect of the cerebral disorder upon all the functions, the vital powers become gradually exhausted. Sometimes, even when food is taken freely and regularly, the patient rapidly emaciates, and his muscular strength diminishes, until he is no longer able to keep on his feet. In these cases of marasmus there is frequently a tendency to the formation of abscesses in the subcutaneous cellular tissue, which may thus become infiltrated with pus in large quantities. The mucous membranes appear to be particularly disposed to take on inflammation, and troublesome diarrhœa or bronchitis frequently sets in. The circulation gradually becomes weaker, and eschars form over the sacrum or trochanters. All these complications tend to exhaust the remaining strength of the patient, and to hasten the fatal termination of the disease.

In some cases where the patient has remained stationary for a considerable time, enjoying a good share of bodily health, symptoms of acute cerebral disease will be all at once presented. The pulse will become frequent, there will be almost entire absence of sleep, the delusions will be of the most painful and distressing character, the patient will be in constant agitation and will require to be kept in bed by main force, and will obstinately refuse food and medicine and every attention that his case requires. With these symptoms he will go on from bad to worse for several days, when he will suddenly be found in a sinking condition, and die in a few hours in a state of profound collapse. In other cases a comatose condition, sometimes preceded by convulsions, at others becoming more gradually established, makes its appearance, and is followed by death in a few hours.

Some cases occurring in young persons of good constitutions, who have presented the symptoms indicating a slight degree of cerebral congestion, are gradually restored to mental health and vigor. In other cases, though the delusions and all emotional disturbance have vanished, and there is no decided symptom of mental disorder remaining, there is something about the patient which leaves a doubt

on the mind of the physician of his entire recovery. In these cases there is a slowness and manifest effort in the intellectual operations, which clearly show the injury which the organ of thought has sustained, and its consequent unfitness for performing its functions with the quickness and ease natural to it in health. Such patients are liable to a renewal of the original cerebral disorder, which may be of so aggravated a character as speedily to destroy life, or the brain may only be injured to an extent which leaves the patient permanently demented. In some cases the disease, after a course of many months, takes on the characters of general paralysis. The patient gradually loses the power of articulation, his gait becomes unsteady, his limbs at length refuse to support his weight, and all the symptoms of that form of cerebral disease are fully established.

The character of the mental aberration—the chaotic confusion of ideas, the incoherence, the impairment or loss of memory, the inability of the patient to form correct conclusions respecting his locality from surrounding objects, all indicating a profound lesion of the intelligence—will in any case of insanity of recent origin be sufficient to arouse the fears of the practical alienist, who will at once conclude that in a case presenting this form of aberration he has to manage a very different disease from ordinary insanity. Dr. Parchappe\* ranks all cases presenting this mental condition with simple insanity, and considers them as cases of purely *dynamic* or functional disorder, while he attributes the *plastic* or organic character to those cases only which present the complication of general paralysis. Cases are, however, frequently met with, sometimes under the form of ambitious mania, sometimes under that of melancholia or hypochondriasis, presenting the condition of mental impairment which has been described above, but without the slightest symptom of paralysis, which, on account of their incurable character, or their speedily fatal termination, it is of the utmost importance, in a practical point of view, to distinguish from simple insanity. Dr. Guislain (*sur les Phrenopathies*, vol. 1, p. 368,) has spoken of the difficulty of dis-

\* *Annales Médico-Psychologiques*, vol. 4, p. 475.



tinguishing insanity accompanied with cerebral congestion, during its early stages, from the simple uncomplicated form of the disease. "The conditions," says he, "which excite the fears of the physician, are the persistence and increase of the mental disorder, the complete absence of moments of calmness and rationality, the appearance of acute symptoms in a case which has become chronic, confusion and incoherence of ideas, accompanied with feebleness of conception and memory, spreading itself like a veil over all the perceptions. \* \* You may suspect its existence if, from the origin of the malady, you observe violent passions in connection with great disturbance in the domain of thought, and if you observe ideas which recall a state of marked intoxication, if from the beginning the conversation is incoherent, if the words have neither order nor connexion, and if there is exaggeration, existing at the same time with enfeeblement of thought, if the answers of the patient bear the impress of extravagance, if he boasts with a puerile air of his bravery, his wealth or his intellect." This author remarks that as long as the ideas are clear, however extravagant they may be, there is no reason to fear cerebral congestion. It is not to be suspected in simple insanity, or in cases where an exaltation of the passions or emotions, or even an unaccustomed impulse of the will characterizes the disease, nor in any other form of insanity which does not present indications of decided intellectual impairment. He speaks of emaciation, muscular rigidity, involuntary evacuations, convulsions and paralysis, as diagnostic signs of this complication. When the congestion produces effusion between the membranes, "the symptoms," says he, "are sometimes truly alarming. They consist of a sudden change in the mental and physical condition of the patient. Sometimes a state of coma is followed by a notable loss in the sum of the intellectual acts, in other cases there is incomplete hemiplegia, muscular contractions, jerkings or general convulsions, followed by complete suspension of all the sensorial acts."

The above symptoms when fully developed will leave no room for doubt as to the nature of the disease, as distinguished from simple insanity. During its forming stage, before the certain indications of



congestion have made their appearance, the existence of such evidences of intellectual impairment as have been described, will put the physician on his guard against deciding too hastily as to the harmless nature of the malady. From general paralysis, it may be known by the absence of all symptoms of paralysis, except such as are only occasional and temporary, very partial in their extent and so slight as scarcely to attract notice. In that disease, the paralysis, though slight in the beginning, is manifested in all parts of the muscular system, is constantly progressive, and at length, both in extent and severity, comes to be the most striking feature of the disease.

That there is a very strong relationship between congestive mania and general paralysis, is fully attested by the resemblance of the mental disorder, and the identity of causes which produce the two forms; and if it were possible for paralytic insanity to exist without paralysis, we might feel tempted to refer both classes of cases to that affection as to an admitted and well established form of cerebral disease. There is indeed strong ground for believing them to be identical in their nature, and that consequently the paralysis is not an essential feature, but only a complication or one of the modes of termination of the disease. Dr. Parchappe, it is true, classes all cases such as I have been describing with simple insanity, under the head of purely functional disorder, and makes them essentially distinct from cases of general paralysis, which he considers as dependent upon a structural, organic change of the cerebral tissue. I believe, however, that softening, such as has been observed in the cortical substance of the brain, to which he attributes paralytic insanity, is far from being admitted by pathologists as a primary, idiopathic affection. If this softening is not entitled to be so regarded, the paralytic symptoms can not be properly referred to it as their cause, but to some anterior, morbid action of which it is the result. Dr. Calmeil\* considers this morbid action to be inflammatory in its nature, and has given it the name of chronic diffused peri-encephalitis. The same author describes cases of the acute cerebral affection, which

\* *Traité des maladies inflam du cerveau*, vol. 1, p. 261.

has been already mentioned under the name of acute delirium, as acute peri-encephalitis under the insidious form. The resemblance of congestive mania to that affection has already been spoken of, and it appears to me that it occupies the position of a connecting link between the acute and chronic forms of the same cerebral disease, viz, a congestive or inflammatory affection of the cortical cerebral substance, in its most acute form, running a rapid course, and generally terminating fatally from the eighth to the fourteenth day, sometimes in its milder forms ending in apparent recovery, but frequently passing into the variety of chronic mania which I have been engaged in describing, and sometimes ending in general paralysis. All may not be agreed upon the inflammatory nature of the affection, but the fact that it is constantly accompanied with cerebral congestion, will perhaps not be denied by any one, and the word *congestive*, expressing this fact, though possibly not fully indicating the nature of the disease, appears to me to be highly appropriate, as well as convenient, for designating those cases in which the paralytic symptoms are absent. It has been proposed for this purpose by Dr. Baillarger, in whose opinion this form of mania frequently terminates in paralytic dementia, to which it bears the same relation that simple mania does to simple dementia.

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#### CASES OF HYSTERIA AND HYSTEROMANIA.

Perhaps there is no term in common medical phraseology to which so loose and indefinite a meaning is attached, as that of hysteria. In the diseases of females, any morbid sensation which is not directly connected with some of the more positive forms of disease, any singular spasm or convulsion, any exhibition of fancy or emotion for which the experience of the practitioner has no counterpart, indeed, every thing by which he is puzzled without being alarmed, is referred to this condition. The popular use of the term, which is

mostly in the form of a qualifying word, hysterical, is, if possible, still more vague. Among the sex to which the disorder is mainly confined the name implies a voluntary state of deception, egotism, immodesty and, more or less, of unchastity, and calls forth the strongest feelings of aversion and reprobation; much the same notion prevails among the opposite sex, but the feeling excited is rather that of pity or contempt than of blame.

If the definitions of hysteria by medical writers have been less ambiguous than those implied in the use of the word by practitioners and non-professional persons, they have been scarcely more harmonious. Nearly all now agree in classing hysteria among the neuroses, or diseases of innervation. But whether it is to be ranked among disorders of the cerebral or of the spinal system, or whether it is really a cerebro-spinal disorder, is by no means settled. To make its pathology purely cerebral is to confuse it with insanity, or, on the theory of deception or feigning, to give it a voluntary character and thus confound it with the forms of vice. Its most striking, if not its most distinctive manifestations are also connected with the spinal system. Probably the preponderance of medical authority is in favor of ranking hysteria as a disorder of the spinal centres. But this, we imagine, has been found unsatisfactory by the practical student, just in proportion as his experience of hysterical cases has been extensive. The perversion of sentiment and the impairment of volition which he learns to trace through the earliest stages of the disorder, the moral and not unfrequently the intellectual derangement, which become more and more recognized as underlying all its other symptoms, and, especially, the immensely greater value of moral means than any or all others in its treatment, forbid him to accept the theory of spinal pathology for the disorder. That derangement of function in both the cerebral and spinal portions of the nervous system, is included in the notion of hysteria by many approved writers, as well as in the common mind, is certain, and this theory seems to us most in accordance with the facts.

These different views of the pathology of hysteria have, of course, varied its definitions. Dr. Copland (*Dictionary of Medicine*, article *Hysteria*) gives the following:—

"Nervous disorder, often assuming the most varied forms, but commonly presenting a paroxysmal character; the attacks usually commencing with a flow of limpid urine, with uneasiness or irregular motions, and rumbling noises in the left iliac region, or the sensation of a ball rising upwards to the throat, frequently attended by a feeling of suffocation, and sometimes with convulsions, chiefly affecting females from the period of puberty to the decline of life, and principally those possessing great susceptibility of the nervous system."

Dr. Carter, in a monograph upon this disease,\* also makes the spinal symptoms characteristic of hysteria, and refers to those of cerebral origin as complications of the simple type of the disorder. His definition is as follows:—

"By hysteria, then, is intended a disease which commences with a convulsive paroxysm, of the kind commonly called 'hysterical.' This paroxysm is witnessed under various aspects, and in various degrees of severity, being limited, in some cases, to a short attack of laughter or sobbing; and in others, producing very energetic involuntary movements, maintained during a considerable time, and occasionally terminating in a period of catalepsy or coma. The diagnosis (in so far as rules for it can be written down,) rests mainly upon the absence of epileptic characteristics, and the existence of some evident exciting cause, such as sudden fright, disappointment, or anger. In a large number of cases, the 'fit' thus produced will not return; but when it does so, the exciting cause of the next two or three attacks is often obscure, and then, after a while, the convulsions occur frequently, when no reason whatever can be assigned for their commencement; although, if the patient be vexed or thwarted, they are pretty sure to follow. This state, which may be called *simple* hysteria, and consists in the liability to fits of greater or less severity, either with or without distinct intervals of remission and perfect health, is subject to many complications, which constitute the various disorders known as hysterical spine, hysterical knee, hysterical neuralgia, &c., and may be classified in a way to be considered hereafter. *Complicated* hysteria generally involves much moral and intellectual, as well as physical, derangement, and when it is fully established, the primary convulsion, the '*fons et origo mali*,' is sometimes suffered to fall into abeyance, and is lost sight of and forgotten by the friends of the patient, their attention being arrested by the urgency of new maladies. But an endeavor will be made to show, that this convulsive paroxysm is the essential characteristic of the disease; and that all other phenomena manifested during its

\* *On the Pathology and Treatment of Hysteria*, pp. 2-4.

course, are non-essential and secondary; so that the reader is requested to postulate thus much, until he has concluded his perusal; and to dismiss for a time the recollection of all cases, professedly hysterical, which have not had their commencement in the manner indicated above."

Much has been done to render medical science more simple and précise, in the withdrawal from several classes of disease, which embraced a large number of diverse and obscure symptoms, of special groups of these, dependent upon some pathological or other proximate cause, whence they might be appropriately named. Thus in the progress of science, from the hypothetical disease insanity have been taken the better defined maladies, of mania *à potu*, general paralysis, and softening of the brain. If there have also been added to insanity a number of special varieties, each representing a single form of moral perversion, this error in classification is likely to be soon abandoned. The same is true of epilepsy, which remains an ideal type of disease, while epileptiform convulsions, frequently found to be dependent upon certain cerebral lesions, toxic agents, or points of irritation, in numerous instances are not included under this name. It would seem expedient to follow a similar method in treating of hysteria, and it is a matter of surprise that this has not already been done. We would thus denote by the name hysteria, a disorder marked not only by great nervous excitability, shown in spasm or convulsion, but also a perversion of the emotional nature, with more or less impairment of the voluntary powers. Simple convulsion, even of the kind most common in hysteria, would not then be termed hysterical, unless connected with moral or volitional disturbance, and no disorder of the cerebral functions would be classed under this head, unless conjoined with a morbid state of the spinal nervous system. Thus, in a case of hysteriform convulsions following some sudden sensation, or some new and entirely unsolicited emotion—the primary hysteria of many writers—we would not admit the term. If this exclusion were general, many chaste and right-minded women, who chance to have suffered a peculiar form of convulsion, would escape an unjust imputation; while in many others, whose nervous functions were unimpaired, might be recognized the premonitions of insanity



or the proofs of a vicious nature, both of which are too often passed by under the disguise of an unmeaning term. In the so-called secondary hysteria, following upon emotions voluntarily preferred, or upon the spontaneous recurrence of those before indulged, or from sympathy with morbid emotions in others, the disorder should alone be recognized.

By hysteromania we do not mean a condition of "moral insanity," marked by "irresistible impulses" to the intensest egotism, to mendacity, and sexual gratification, but a true mania, developed upon a state of hysteria, to which it bears the same relation that mania *à potu* does to habitual drunkenness, the "oinomania" of certain writers. In confirmed inebriety, as in hysteria, there is a morbidly powerful passion, with which a correspondingly weakened volition has to contend. But principles of conscious right and of the soundest policy, hold the individual responsible for the actions which follow. The first stimulus to the growth of the passion in each case, was, or must be presumed to have been, voluntarily applied, and the loss of the determining power of the will can only be proved by positive symptoms of cerebral disorder. This will no doubt be more readily assented to in reference to drunkenness than to hysteria. In those rare cases of drunkenness, resembling most closely paroxysms of mania, the gratification to be obtained is one in some degree conceivable by nearly all who are called to pass upon the responsibility of the subject. But in the worst forms of hysteria the desire from which all the almost supernatural efforts flow, is utterly foreign and incomprehensible to the common mind.

The limits of hysteria and hysteromania are then to be determined, as in deciding between confirmed inebriety and mania *à potu*, by the presence or absence of actual lesion of the mental faculties, implying a coercion, not a surrender or a depravation of the will. By this criterion, the case now to be detailed will be set down as one of hysteria. The line of irresponsibility was no doubt closely approximated in the prolonged excitement which ended upon admission to the Asylum. It may, we think, be fairly doubted whether, after the surrender to the control of her jealous passion at the news of her



brother's marriage, and after the loss of sleep and the physical exhaustion which followed, there remained the power of a voluntary termination of the paroxysm. Certainly the drunkard can not voluntarily free himself from a fit of intoxication, yet he is held responsible in a condition which he has freely brought on. The nervous symptoms above detailed,—the tremor, the hyperæsthesia of the skin and the convulsions—were, it is evident, almost purely involuntary, as presented while at the Asylum; though we must suppose that they were in part simulated at an early period of the attack.

B., an unmarried female, forty-nine years of age, is brought to the Asylum for what is described as an attack of mania, of four weeks duration.

The patient is of a tall, spare figure, stands erect, but her neck seems abruptly bent forward at the shoulders. No other deformity is noticeable, although she has slight lateral curvature of the spine. She has strongly marked features, indicating a positive character and a good degree of intelligence. Her countenance has a settled expression of pain and dejection, now overlaid with one of stifled passion and excitement. Upon being questioned she makes little reply, but protests against all constraint, and manifests the most vindictive feeling towards her relatives who bring her for treatment.

She is placed at once upon a ward for convalescents, where, for the first few weeks, there is little change in her manner or disposition. During this period she is taciturn, sullen and seclusive, walks about uneasily by herself, and, unless some firmness is used, rejects food, medicine, and necessary repose. From this she slowly changes to a more placable and communicative mood. For some time she shows much bitterness when the subjects of her furious passion are mentioned, but talks freely, especially of her own griefs and ailments, every thing relating to which she describes with great minuteness and accuracy. Her memory is also good in respect to other matters of which she has had a knowledge, and she manifests no delusion or other impairment of intellect. When at length the subjects connected with her recent paroxysm can be cautiously alluded to

without exciting passion, she admits the kind intentions of her friends, and acquits them of every thing which could in any degree justify or explain her excessive resentment.

Her history to the time of her admission to the Asylum is drawn up from her own accounts, and from statements by several members of her family. She has no known hereditary tendency to mental disease, but a marked strumous taint is derived through her parents, both of whom died of phthisis. A brother has the usual symptoms of the same disease in its chronic form, and a sister has long been an invalid, with convulsions said to be epileptic.

The patient was a frail, sickly child, but did not suffer from convulsions, or from any positive form of strumous malady. Not able regularly to attend school, her feebleness was made the excuse for a neglect of any training or study at home. Yet with an active, rather precocious intellect she acquired a good degree of general information, and under her mild, affectionate disposition the lack of proper discipline was not greatly manifested in her early character. At the approach of puberty she began to suffer much from pain in the side, headache, and a dry, teasing cough. The menstrual flow was scanty and irregular from the first. At eighteen years of age she had an attack of hemorrhage, supposed to be from the lungs, and other attacks of the same nature were sustained in the two years following. These aided to reduce her strength, and she was gradually becoming more and more an invalid. With her greater feebleness came an increased nervous susceptibility, and her attention was almost constantly directed to her own morbid sensations. There was thus far, however, nothing in her disposition or temper to lessen or repress the tenderness of her family toward her in her paroxysms of agitation, and under the painful sensations of which she complained. Indeed, all the moral sentiments seemed to be developed in the same ratio with the nervous sensibility. Her manner and conversation indicated the greatest devoutness, humility, self-denial, and resignation under her sufferings. At this time, by considerable reading and a retentive memory, she had become decidedly well-informed, and was considered to have an excellent judgment in business and family affairs.

At the age of twenty-seven, her sensitiveness and prostration had become so excessive that she was wholly confined to her bed. The five years following present us with the history of a most distressing case of acute hysteria, aggravated by the abundant and mistaken sympathy of relatives and friends, and the most ill-judged heroism in the use of remedies by her physicians and others. During this period she rarely made the slightest voluntary use of her limbs, except feebly to move her hands. Sensibility to touch was so exalted over the entire surface of her body, that the lightest bed-clothing could scarcely be endured. Light, sound, quick and sudden movements gave her the acutest pain, and were sufficient at times to excite violent convulsions. She had at irregular intervals, but upon an average about once a fortnight, for the whole of this period, a series of convulsions lasting from one to three hours. These frequently assumed the form of the most violent and dangerous pleurosthotonos, and were excited by sudden sensations of any kind, trifling surprises, disappointments, or fancied unkindness or neglect. In the latter cases, at first the convulsions supervened without any hint in the mental manifestations of the emotion that had induced them. For several years this condition of things was fostered by the minute attention of the family and friends, and the most lavish bestowal of pity and indulgence. But if the moral treatment was calculated to aggravate and prolong this hysteria, the medical treatment was certain to confirm the constitutional vice under which the affection was possible, and which should have been partially removed with the advancing age of the patient. Her case was pronounced one of "spinal irritation." After the more moderate means of alteratives and cathartics had been exhausted, without benefit to the patient, derivatives and depressants were resorted to. And these were certainly pushed with an energy worthy to be allied with greater prudence and discretion. In six weeks eighty-seven blisters, six inches by three in size, were applied along the spinal tract; the first being placed at the neck, and as it was removed another applied just beneath, thus proceeding downwards to the sacrum, and repeating the course again and again. After this followed fifteen applications of

the scarificator and cups, along the same line. The chronic stage of the regular treatment was marked by the free use of setons and tartar-emetie ointment. Large doses of morphine were given from the first, and afterwards increased as it was thought necessary to control the convulsions. Finally, as is usual in such cases, there came the trial of nostrums in endless variety. Among these were the "Gold Pills," five boxes of which, at a cost of ten dollars per box, were used without effect! Then medication was gradually discontinued, and, the attention of friends becoming somewhat wearied and diverted, as the moral element of the patient's disease began to be better comprehended, the acute symptoms slowly abated. For two years longer, however, her habits were those of a complete invalid.

During the seven years thus passed there had been no sudden or radical change in the moral nature of the patient, but it seemed as if a veil were gradually lifted from her character, with the passing away of the acute manifestations. The strong affection for her family, and all the devoutness and humility still remained, but the strange moral perversion which, at first entirely hidden from those who knew her, had in fact underlain all this outward show of bodily disease, now came forth in its mystery and contradiction. In the words of her brother, "she seemed possessed of two minds." She was almost in the same moment, and sometimes to an extreme degree, generous and exacting, meek and imperious, affectionate and vindictive, melted into tears and transported with rage.

For the ten years next following she was able partially to superintend the affairs of the household, which consisted of herself, an unmarried brother and a sister. The nervous manifestations did not amount to more than slight spasms, or convulsive sobbings. Her face constantly wore its expression of great suffering; her ordinary manner was one of forced cheerfulness; her movements were slow and faltering. Her infirmities of temper and disposition became less and less disguised. These were met by her friends with the utmost charity, yet now in a manner not to encourage, if it did not repress their manifestation.

At the end of this period, and when forty-two years of age, the

menstrual function ceased. For six months following the outbreak of hysteria it had not been performed, and very imperfectly since. Latterly she had lost considerable blood from hemorrhoids, and at times this seemed to be vicarious of the other discharge. From this time she grew more gloomy and despondent, and her faultiness of temper became gradually more excessive. She was almost never cheerful, was very hypochondriacal, lost interest in household matters, was more easily excited to passion, and more difficult to appease and control. A marked step in the progress of this change was observed about a year previously to her admission to the Asylum. This is alluded to in a note from her brother as follows:—

“A brother older than myself, who has had the family in charge since our father's death, had made arrangements to marry, and while my two sisters were visiting with me, took his wife to his own home, apart from where the three had lived together for many years. This arrangement involved a decided change, which could not fail to have some effect; but what most disturbed the patient was, that all should have been done without her knowledge or advice. From the hour in which she read our brother's letter, she became implacable, except at intervals of short duration.”

So entirely, however, was the change a mere intensification of the mental infirmities developed by the acute attack of hysteria fifteen years previous, that she was not deemed insane until about a month before she was brought for treatment. “I consider her now,” writes the brother, “in the same state in which she has been for many years; *only that it has changed from an occasional to a continued matter.*” During the month referred to her excitement was almost constant. She passed many successive nights without sleep, and almost wholly abstained from food. Her feebleness and bodily ailments were forgotten. She was active in her movements, and seemed to have extraordinary powers of effort and endurance. Her face lost its appealing look of pain and dejection, and expressed violent passion and imperious will. It was not her brother only who had wronged her, but every one had turned against her. No explanations, no persuading, rebuking or other moral argument availed any thing. There was no incoherence in her language, and there



were no positive delusions; but her suspicions and beliefs were as extravagant as her fury and vindictiveness were excessive.

We have already noted the appearance of the patient at her admission to the Asylum. The sudden change from all the objects of her morbid passion to an unwonted association with strangers and insane persons, and the strict discipline under which she came, repressed the manifestations at once, and, after a few days of intense agitation beneath an appearance of sullenness and dejection, the paroxysm seemed to be at an end.

From this time forward there was no threatening of a maniacal attack in the patient's case, but the confirmed hysterical affection soon became apparent. Left much to herself at first, she gained the sympathy of some of her fellow-patients, showed a jealousy and hatred of others, and gradually developed all the moral and bodily defects of her former condition.

At the end of three months from her admission, she is confined to her bed, in which she lies bent almost double, and propped up with pillows. She constantly exhibits the greatest distress from pain referred to the whole spinal tract. She has headache, vertigo, and the greatest intolerance of light and sound. The food taken by her in the course of a week does not amount to a single moderate meal. The watch-woman has not detected her sleeping for many nights, and she denies that she sleeps at all. When observed she has constant spasms of the face and arms, and extreme sensitiveness over the whole surface of her body. Upon being touched, or even approached by the finger of another, she shrieks, and complains of pain as of "an electric shock." She is very lachrymose and desponding, but is aroused to reproach bitterly those who do not sufficiently pity her, or who lack entire confidence in her representations. The necessary care of her person is a most tedious and painful process, as she can make only the feeblest exertion, and complains of severe pain at being moved. Her pulse is feeble and rather quick, but not too frequent; tongue clean and natural, bowels regular, skin moist, extremities usually cool. Large doses of morphine and *cannabis indica* have no effect. Stimulants and antispasmodics afford a slight relief.



While in this condition she is, without warning, transferred to another ward, where she is at once dressed, placed in an easy chair upon the common hall, and all manifestation of pity, and all extraordinary attention strictly prohibited. A full diet, and entire disuse of the bed during the day, are gradually enforced. She appeals from this regimen with the most pathetic earnestness at one moment, and in the next gives vent to reproaches and imprecations. At the end of a week, however, she is quiet and lady-like, submits as a matter of course to the regulations, and walks to and from the dining-room without aid. After a few days longer, she busies herself at fancy-work, reads the newspapers, and rides several miles in a carriage.

There is little further change in her condition to the end of a sixteen months' stay in the Asylum. She shows a constant tendency to relapse into acute hysteria, but this is met without difficulty. She can usually talk calmly about herself and her relatives, and at such times expresses the warmest affection for the latter; who, she says, have always treated her most kindly, and have only too much indulged her. The brother's concealment of his intended marriage, she thinks was very ill-advised, but meant only in kindness to her. The paroxysm of excitement she attributes entirely to the shock of the intelligence of his marriage, and not to any feeling that she was wronged by such a step. For her furious threats of violence and incendiarism, she disclaims all consciousness of the slightest responsibility, and asserts that her excitement was entirely involuntary in its origin, and wholly beyond her control. She admits that the regulations enforced in her case are well meant, but insists that they are entirely mistaken. Her memory is still unimpaired, and she gives minute particulars of her personal history for twenty years past, with all the accuracy which we might expect in one who had made her own sensations and desires sole matters of concern for so long a period. She is not at all deficient in judgment upon matters of common interest, and when fully under the proper moral restraint directed for her, there is nothing unusual in her appearance or behavior. At irregular intervals, however, some slight cause, such as the sound

of a violin, or the half-understood whisper of one to whom she is inimical, is sufficient to throw her into a severe hysterical convulsion. This seems to afford an outlet for her morbid feelings, and apparently less moral force is necessary to restrain them, for a short time afterwards. She leaves the Asylum with many expressions of regard for those with whom she has become acquainted, but at the same time with a rankling animosity to those who have directed her treatment.

The following illustrates the development of hysteromania from a case of hysteria, which was itself the result of a series of paroxysms of acute mania :—

B., an unmarried female, aged 21, a seamstress, the daughter of a farmer, of healthy parents, was brought for the first time to the Asylum, April, 1851, in her eighth paroxysm of mania.

She had been a healthy child, intelligent, and without striking moral or mental characteristics. At the age of 16, immediately succeeding a suppression of the menses brought on by exposure to cold, she had a paroxysm of acute mania. Recovering from this in a few weeks, during the same year she suffered a second attack, and within the next four years six others, varying from three weeks to as many months in duration. These attacks were apparently induced by undue fatigue or unusual excitement, producing loss of sleep. They were marked by excessive emotional disturbance, without controlling or prominent delusions. She was very hilarious, talkative, boisterous and noisy. As one paroxysm succeeded another there came an increased moral perversion, and she gradually became more passionate, capricious, and difficult of care by her friends. In the intervals between the later paroxysms certain moral peculiarities began to be observed. She became sentimental, egotistic, desiring much attention and consideration, and free in her manner toward the opposite sex. The nervous symptoms of progressive hysteria were manifested in a less degree, but were sufficient to characterize the disorder.

She left the Asylum after a period of several months' convalescence from her paroxysm, two years subsequent to admission. Dur-

ing the eighteen months next following she taught a common school for one term, and afterwards conducted a small news and periodical agency. At the end of this time she again became maniacal, and was brought to the Asylum where she again convalesced, and, after six months, returned home.

That so many and so severe paroxysms of mania should occur in the case of a girl within a period of six years, beginning with her sixteenth year, without leaving the most marked mental impairment must greatly surprise any one not accustomed to observe such cases. To those not acquainted with her, the patient in the intervals of her mania presented no lack of intelligence, and no striking singularity of manner; nothing, indeed, which would lead any one to suspect her sanity. But to her friends and relatives there was manifest a decided mental impairment, which was gradually extended by each successive paroxysm of mania. The moral perversion, however, was most noticeable. This had proceeded rapidly, and had effected an entire change in her character. The egotism and the simulative characteristics of hysteria were now very prominent. Just previously to the last attack she had falsely charged a laboring man with having made lewd advances to her, and she had given many other evidences of morbid passion and desire. Her bodily health continued generally excellent, though she emaciated considerably during her paroxysms.

In August, 1859, the patient was again brought to the Asylum, in a paroxysm of mania of ten days' duration. It had come on without any assignable cause, and very suddenly. She had been for the four years since her last convalescence, in her wonted fickle but energetic way, successfully employing herself to gain a livelihood. Her mania was very similar to that of her later previous paroxysms. She talked almost constantly in a very loud tone, with great exaltation and egotism, abusing and denouncing every one about her. Though most passionate and imperious, she was not violent or destructive. The hysterical element was now very conspicuous in her manner and disposition, and it seemed probable that a voluntary surrender of self-control, at the instance of her morbid desires, was

the occasion of her attack. The administration of anodynes was pushed with the view of overcoming this condition, but without effect. Ten grains of extract of *cannabis indica* and half a grain of sulphate of morphia, given four times a day, appeared to have no effect. The substitution for the hemp of one-fourth of a grain of tartrate of antimony was, however, at once effectual. The next day she was entirely convalescent, and showed no symptoms of excitement for several months. She was busy, cheerful, professing the most excellent sentiments, and claiming to herself the most exemplary character. At the same time she was very arrogant, jealous of attention paid to others, inmodest and deceitful. One day on its being suggested to her that, as her restoration seemed confirmed, she should now return home, and that arrangements might at once be made to that end, she seemed dissatisfied. On the next day she had relapsed to her former state of exaltation with constant loud and abusive talking, boisterous movements, etc. She was at once transferred to another ward, where the paroxysm soon subsided. At the coming on of spring she expressed a wish to return home, and soon afterwards left the Asylum, in a state of intense good feeling with herself and most of those with whom she had associated.

It is well worthy of being questioned, whether, in treating of the causes of hysteria, too much has not been attributed to the morbid action of the reproductive instincts. Until within a recent period the disorder has been generally stated to be, as its name imports, one of uterine origin, and an eminent American writer\* defines it to be "an abnormal state of the aphrodisiac sense." Upon the theory that it is in part truly a cerebral disorder, we may often trace it to a purely moral origin, and do not feel obliged to suppose the existence of morbid sexual instinct where none is exhibited. The following case of undoubted hysteria, in one so young as not to have given the slightest indications of approaching puberty, is interesting:—

J., a girl ten years of age, not well-grown, evidently of a strumous habit, and in delicate health, is brought to the Asylum, in July, 1860.

\* Dr. Meigs.

She appears active and intelligent, and in no way singular, except in a certain "nervousness," among other marks of precocity.

Upon being told to what place she has come, and that she will remain for treatment, she bursts into frantic grief. Placed upon a convalescent ward, in a few minutes she becomes quiet and cheerful. During two months afterward, to the time of the present writing, no symptoms of mental or nervous disorder are noticed. She has slept quietly and well from the first, has gained a hearty appetite, and has grown in flesh and stature. She is rather talkative and inquisitive, quickly apprehending the spirit and discipline of the ward, but is decidedly childish, both in intellect and sentiment. Nothing hysterical has been observed, except an earnest desire for notice, and a slight morbid self-consciousness.

Her friends and the family physician give the history of her late illness. One year ago she was attacked with scarlatina of a malignant type, by which she was greatly prostrated. Following this, she suffered a series of violent convulsions, lasting several hours, and leaving her partially comatose and with paralysis of the left side. The coma and hemiplegia gradually passed off within a week. Profuse hemorrhage from the gums and fauces, was also among the sequelæ of the scarlatina, and came on after hysteriform spasms of the muscles of the neck and throat, with severe choking and difficult respiration. At this time the first indications of mental disorder were noticed. She was at times confused, partially delirious for a few moments, greatly terrified at some imaginary danger, at night awakened by frightful dreams, or found walking about the house in her sleep.

At the end of three months these symptoms had somewhat abated, when she was attacked with diphtheria, again greatly reduced, and afterward the hemorrhage, the convulsions, and the temporary coma and paralysis repeated. The convulsions now became more frequent and violent. They lasted from three to six hours, during which she seemed entirely unconscious, her eyes suffused and congested, her face deeply flushed, and blood and foam issuing from her mouth. Constant spasm of the left side at first, was followed by a temporary

paralysis as before. At times the convulsions were very severe and general, and attended with alarming symptoms of suffocation. Ether was given at these periods, and the convulsions for the time subdued. *Cannabis indica*, the valerianate of ammonia and other remedies were directed against the nervous disorder. Quinine and iron were freely given, and topical applications used to control the hemorrhage.

Three months previously to her admission to the Asylum, the mental disorder had become quite marked and afterward steadily increased. She became very timid, and apprehensive; feared being sent to jail and various other punishments. Fancying herself a beast or bird, she would crawl about the floor, striking persons and directing them to go away from her. Her somnambulism came on nightly, and she was seldom quiet for more than a few moments. At times she could not be aroused from this condition. Her temper was extremely variable. When in an amiable and affectionate mood, she would become suddenly angry and vindictive, profane and indecent in her language, and violent towards all who opposed her. Her appetite was very small and capricious, yet she did not become greatly emaciated. She came quietly to the Asylum, under the deceptive promise of a short ride and a visit to a relative.

Similar to the above, in the youth of the subject, and in the absence of any probable relations with the sexual instincts, is the following case:—

S., twelve years of age, a well grown and intelligent looking boy, precocious and sensitive in manner, pale and apparently not in good health, is brought to the Asylum, in January, 1859.

The patient was a puny child, and, suffering considerably from febrile attacks, remained in delicate health. He was an affectionate and good tempered lad, but had no proper training, and grew more and more wayward and difficult of control. At the age of seven he was first sent to school, but objected to study and discipline, and went very irregularly. Three years later, he went with his mother to California, where they remained a year. Here he fell in with rude and depraved boys, with whom he spent most of his time in the



streets. Weak and ill directed efforts were made to control him, and to keep him at school, but with only the effect to make him more deceitful and vicious.

At about this period he began occasionally, during the daytime, to fall suddenly into what seemed a profound sleep, from which he could not be easily aroused. By degrees these attacks became complicated with spasms, convulsions, and finally with delirium and hallucinations. He would tear clothing, strike those who came near him, and be very abusive, profane and obscene. At times he would seem to be resisting some attack, and in great apparent distress. Again he would imitate movements in driving horses and other favorite pursuits.

A week before his admission to the Asylum he had a series of severe convulsions, during which he seemed entirely unconscious. The paroxysm was marked by all the characteristic symptoms of hysteria, the violent convulsive movements, the spasms, and the peculiar sobbing and choking. Following this he was apparently delirious, and raved of spirits and other unseen agencies. A degree of excitement and of irrational conversation and behavior had been noticed at times, for several months previous to this attack, and had gradually become more marked. His usual manner had also become more singular, and he was very capricious, deceptive, perverse, and quite ungovernable.

He was much distressed at being brought to the Asylum, and for a day or two was very sad, careful and proper in his behavior, and yielding at once to the discipline of a convalescent ward. On the third day he confessed to his physician that his convulsions and other symptoms had been feigned, at first to escape from school, and finally to obtain his wishes in other respects. He says that he was always conscious during the attacks, and could have terminated them at any time had he been so disposed. He is fearful, however, that they will at length get beyond his control, and that he shall become really insane. Exhibiting great penitence, and promising most earnestly to reform his conduct, he is encouraged by being allowed much liberty, and by various amusements and occupations being provided for him.

During the two months of his stay at the Asylum he exhibits no symptoms of nervous disorder, or of morbid excitement, and constantly gains in general health. He is active, inquisitive, fond of the company of those older than himself, at times willful and passionate, but yielding readily to control.

According to advice, on leaving the Asylum he is placed at a small boarding-school, under the charge of an excellent and experienced master, where he still remains. At the end of a year, he visits the Asylum with the best feelings toward those who had him in charge. He has grown finely, is stout and ruddy, and gives no trouble on account of morbid or vicious propensities.

The deplorable folly of the use of depressing means in cases of spinal irritation and hysteria, in both of which the essential condition is debility, although it is rebuked in all the best standards of practice, can not be too often pointed out. So far as we have any knowledge, every medical agent employed in the first case presented here was directly calculated to aggravate, and to fix upon the patient the disorder at which it was aimed. The third case, in which the medical treatment was wholly tonic, and for some time persisted in by an intelligent practitioner, indicates the slight advantage which is to be hoped for from medical agents of any kind in hysterical disorder. It is no doubt true generally that, in the early stages of hysteria, certain classes of medicinal agents, such as tonics and antispasmodics, are useful adjuvants in the treatment. But in a case of progressive hysteria, the period in which these or any other drugs may be used with advantage, is very brief, and they quickly become not only useless but positively deleterious. As soon as the simulative element of the disorder is developed in the least degree, any prominence given to medical treatment is availed of at once to strengthen a system of deception and feigning. More perhaps than in any other disorder is seen the positive evil of the free use of drugs, and more than in any other the benefits of moral treatment. Now in hysteria, as we have defined and limited it, there is no exception to this theory of treatment. From the period when the deceptive element of the

disorder has not gone, it may be beyond a state of self-deception, and when the patient honestly protests against the view taken of her case, to that of the most deliberate vicious manifestations, or those which usher in a maniacal paroxysm, the constraint of moral motives, the opposites of those characteristic of the disorder, is the great and almost the only remedial means.

In this connection we may allude to the inconsistencies in its practical application involved in the hypothesis of "moral insanity." The student will be surprised to find the numerous instances in which various forms of this proposed disease have been illustrated from cases of hysterical women. When, however, no symptoms of hysteria are present in these illustrative cases, we recognize the fact that a cure is to be sought in the provision of powerful motives to repress the tendency to dangerous or criminal acts. The advocates of a moral insanity by no means deny, in the light of all experience, that the practical treatment of emotional and voluntary impairment consists in discipline, and in discipline almost alone. They are also foremost in urging, what modern science is forced to admit, that all the penalties of human law have rightfully a corrective, and not at all a retributive basis. What then the need of a "moral insanity"? The manifestations are the same, the treatment and its principles are the same, as in vicious and criminal cases. But, more than this, we have a practicable point of departure for our line between sin and disease, in this very matter of treatment. Cases of vice are cured by discipline; those of insanity are not. There are, of course, many instances, in which it is difficult, before the opportunity of treatment, to determine the nature of the case, and some, indeed, in which it must finally be left undecided. But this is a most useful, and, we believe, the best possible method of arriving at the truth. We ask again: If the proper means for the repression of vice are only disciplinary; if discipline be the great remedy for a moral insanity, which is only distinguished by vicious manifestations; if insanity does not necessarily imply vicious acts, and if discipline is not a principal and essential agent in its treatment,—what can justify us in the use of a vague and perplexing term?

Admitting then that moral treatment in hysteria is of the first and almost of sole importance; that deceit, whether it be self-deception or deliberate imposture, is to be met with candor, and sentiment with matter of fact; that passion is to be confronted with calmness and want of self-control with authority;—the question arises, under what circumstances this treatment is to be conducted. The condition most essential to be gained, it will at once be admitted by those who have any experience in the matter, is a complete separation of the patient from her home and friends. This can not be too strongly urged by the physician, who, although this advice may lose him a patient, will otherwise too often be obliged to witness her removal to a “water-cure” or a “medical institute.” The institution or other place of treatment to which the patient should be removed, must be determined only by the symptoms of the disorder in each case. In many, a simple change of scene and of attendance only is required. Severe cases, as they occur among the poor of our cities, are treated in the general hospitals, where, however, they seldom reach any permanent improvement. On this point Dr. Carter\* writes:—

“But little argument is required, to show that hysteria cannot be cured, except by accident, in an ordinary hospital. It is very true that some individual complication may be broken through, that a contracted joint may yield to the cold douche, or that a convulsive paroxysm may for a time be prevented from appearing; but the principles and motives of the patient remain unchanged, and there is no machinery which can be brought to bear upon them. It has been already stated, that of the fifty-three cases mentioned in the register of the London Hospital, only twenty-three are said to have been cured, and that of these cured patients, one was twice re-admitted within three months of her first discharge. The record is also remarkable, as showing the short period during which hysterical women are kept under treatment, this often not exceeding a few days, and being a tacit confession that nothing could there be done for them. And if the internal economy of a hospital be considered, it is seen to furnish conditions more likely to develop the disease than to repress it. The publicity of a ward furnishes abundant opportunities for display, the neighboring patients are often good listeners, and lavish of their sympathy; and the frequent presence of numerous students must not be altogether left out of the account.

\* *On the Pathology and Treatment of Hysteria*, pp. 157-8.

“The home of an hysterical girl can scarcely ever be the scene of her cure, for reasons which it is unnecessary to repeat, and it must, almost of necessity, retard the progress of her recovery. This being the case, and the method of treatment which has been described being utterly out of the reach of the poor, it follows that great benefits might reasonably be expected from the formation of a special institution, in which this method, with the variations suggested by experience, might be thoroughly carried out, and in which accurate and careful research might be made, into the exact nature of many obscure and highly-interesting phenomena, of which nothing is well ascertained but their occurrence.”

The author above quoted proceeds to recommend the foundation of special hospitals for the treatment of hysteria, and gives the outline of a plan of organization and treatment. The project appears to us much more practicable and promising of good results than that of inebriate asylums, which is now receiving so much attention.

The cases which we have detailed, in which mania was in some degree simulated or yielded to (in the second by one laboring under positive mental impairment, and thence properly a case of mania,) are presented rather from their singularity than as representative cases of the class committed to asylums for the insane. The most untractable cases of every variety, occurring in the lower and middle classes of society, are treated chiefly in public institutions for the insane, and, we have no doubt, with better results than in any other way. Private asylums are also much resorted to by the wealthier classes for the same treatment. The expediency of such a course in regard to these cases, we should suppose might be inferred by any one acquainted with the organization of lunatic asylums and the common manifestations of hysteria, even without any practical knowledge of the subject. We are, therefore, surprised to find that Dr. Dunglison,\* in cautioning against treating cases of hysteria as those of simple mania, and placing the patient “in confinement with lunatics,” writes as follows:—

“Nothing more likely to have the most unfortunate effects upon the patient could possibly happen, and no care can be too great to

\* *Medical Dictionary*; article *Hysteria*.

avoid a mistake which would in all probability render such a case miserable and hopeless."

The treatment directed to the motives in a case of hysteria would indeed have no effect in one of acute mania, and we have already referred to this fact as a ground of distinction in doubtful cases of these disorders. The medical treatment demanded in a case of mania is worse than useless in one of hysteria. But the notion that danger is to be apprehended from an attempt to supply motives to candor and self-control, by associating cases of hysteria with those of the different forms of insanity, as classified in a lunatic asylum, is quite unworthy of serious contradiction.

The following case of hysteria simulating mania, has some points of medical interest, and serves, with the preceding ones, to illustrate the good effects of the moral restraint of an asylum in hysterical disorder:—

B., a girl fifteen years of age, of lymphatic temperament, with slight marks of the strumous diathesis, large and symmetrical in form, and apparently in good general health, is brought to the Asylum, May, 1860.

Her countenance indicates fair intelligence, her dress is neat, her manner calm, but affected and self-conscious. She is said to have been maniacal for a period of nearly three months, during which she has also been deaf, and only communicated with by writing. On being asked a question in this manner, she catches its meaning from the first two or three words, and responds with a silly ejaculation.

On inquiry it is found that the patient was a stout healthy child, and passed the period of puberty at the age of 12, without unusual symptoms. Her intellect was rather precocious, and she quickly acquired the rudiments of a common education. Her disposition is said to have been amiable, and her manner not particularly free or otherwise peculiar.

Two years before her illness, she became greatly addicted to novel reading, and continued it much to the neglect of her school and housework duties. All the romances that her indulgent friends and a village circulating library could afford, she greedily devoured, and



also read, as it was casually discovered, the lewder portions of the standard poets and dramatists.

During the summer and autumn previous to her illness in the winter, she frequently complained of severe headache. She had become very stout and fat, her complexion florid, and she was subject at times to congestive attacks of the head and face. There was no disorder of the menstrual function.

Three months before coming to the Asylum, she was exposed, while menstruating, to severe fatigue and cold, when absent from home, and the function was suddenly suppressed. On the following night she was alarmed at noises of rats in her chamber. These were exaggerated by her fancy, and finally became mingled with hallucinations of fire-bells, explosions, &c. She passed a sleepless night, and the next day set out on foot for home, a distance of several miles, in a violent snow-storm. On the way the sensations in her head grew more painful, she became confused, and at length discovered that she could only hear loud noises. Arriving at home, she fainted at the door. She had all night excessive nausea and a burning face, complained greatly of "a wheel in her head," and was partially delirious. The family physician, a respectable practitioner, was called next day. His account of the case at this time is as follows:—

"I found her laboring under a congestion of the lungs, together with inflammation of the brain and loss of hearing. After a few days treatment the lungs were relieved, the difficulty of the brain still remaining; with also an inability of raising her head while in the erect posture, apparently having no control over the muscles of the neck. About ten days from her first attack she became deranged, and remained so (as well as deaf) until about March 1st, when suddenly she could hear quite distinctly, and talked rationally for about ten minutes. At the end of this period she fell back into her previous condition, and remained so up to the time of her leaving for your place."

In addition to the above it should be stated, that the patient had very frequent and severe hysteriform convulsions within the first two weeks of her illness, and during this time she was actively treated for "inflammation of the brain and congestion of the lungs," by being salivated, purged, cupped, etc., *secundum artem*. At the end

of this time the quasi inflammatory symptoms abated, but upon her enfeebled strength and the predisposition of her faulty training, hysteria naturally followed. During the next two and a half months she exhibited all the usual characteristics of a case of aggravated hysteria. From a partial deafness, consequent upon cerebral congestion, she gradually came to simulate an entire inability to hear the loudest sounds. She was very cunning and deceitful, violent when opposed, noisy and boisterous when most observed, exacting constant attention, mischievous and lascivious. The family and friends were entirely deceived in regard to her, and she became the centre of a morbid interest for a large neighborhood.

On the night following her admission to the Asylum, she called to the watch-woman, saying that her hearing had returned, and enquiring where she was. On being told she expressed little surprise, said that she supposed she must have been crazy, and was glad that her right mind had returned. She complained of unpleasant sensations in her head for a week or two, but these did not prevent her constant reading of romances when this test was applied. At the end of this time she had a series of very severe hysterical convulsions, which she did not afterwards find it necessary to repeat; and, during her stay of ten weeks in the Asylum, she presented no further sign of mental or sensory impairment.

Having illustrated, we are aware in how desultory and imperfect a manner, the interesting subject of hysteria in its origin, its pathology and treatment, there still remains to notice its legal relations. These have received little attention from writers upon legal medicine, and deserve a thorough discussion at the hands of one competent to treat so difficult a subject. Such a task can not even be attempted here, and we shall instead copy,\* in closing this article, the remarks of two of the most eminent medico-legal authorities of the present time, upon a case in point:—

“Very recently the question has been raised in France of the criminal responsibility of persons subject to attacks of hysteria. A girl

\* *Journal of Psychological Medicine*, April, 1860.

had been guilty of child-stealing, in order to impose upon a former lover the belief that she had been pregnant by him. In her defence it was pleaded that her moral liberty had been weakened from her being a subject of hysteria, and on this ground she was acquitted. Dr. Legrand du Saulle discusses and disputes the legitimacy of this decision. He asks, Does hysteria fetter the moral liberty? Does an affection which has its source in a particular sensibility of the nervous system, and not in mental disease, exclude culpability, and transform a crime into a simple fault (*délit*)? To these questions he answers as follows:—\*

‘It is evident that hysteria may well shake a little the edifice of our faculties, properly so called; but in order that no one may consider this an equivocal expression, we ought in the first place to define what we understand by faculties, and to show what is the order of faculties, the exercise of which is liable to be disturbed by the malady in question. Well, then, looking at man from the physiological and psychical points of view, we see that he is the subject of two orders of faculties—the *affective* faculties and the *intellectual* faculties. To the affective faculties belong the phenomena which express a love, a propensity, for certain things, and a hatred, a repulsion, for certain others. To surrender oneself to the affective faculties, being otherwise of sound mind, is to defer to the impulses of the passions; it is to subordinate the actions of life willingly and knowingly to the satisfaction of the desires.

‘To the intellectual faculties appertains the gift of enlightening the determinations of the will, and making apparent the conformity or disparity of our actions with the precepts of morality. By the aid of judgment, based on observation and experience, they discover also the consequences of each action.

‘From a consideration of the phenomena of hysteria, it may be concluded that this affection might forcibly re-act upon the affective faculties, and in the end might conduce to their injury, but that the intellectual faculties would ordinarily remain intact, the reason assisting in the ruin of the heart, but surviving it.

‘The first degree of affective disorder results from the *passions*, the second from insanity. The passions alone being in question in the consideration of hysteria, and the *affectivity* being only obliterated in the first degree by this malady, we need not occupy ourselves with insanity, to which hysteria only leads in prodigiously rare exceptions.

‘But if the passions leave to the law full liberty of action in the matter of repression, it is not the less true that they are a very frequent cause of extenuated responsibility, and in certain cases familiar to all, of absolute exoneration from all penalty—as, for example, in

\* *Annales Médico-Psychologiques*, Jan., 1860.

the case of the murder of a wife found in flagrant adultery in the conjugal dwelling; or again, where it concerns the crime of castration immediately provoked by a violent outrage upon modesty.

'As no one could promise for himself that at any given moment he would have power to master one of those impetuous motions of the mind under the instantaneous influence of which an action is committed, justice, before applying the rigour of the law, is accustomed to inquire whether at the moment of action there was not a partial eclipse of reason, and if such be the case, she allows the accused the benefit of extenuating circumstances. The culpability is lessened, and the punishment also.

'According to the intensity of the hysteria, and the more or less marked perversion, concomitant or consecutive, of the affective faculties, there ought, we think, to be responsibility or extenuated responsibility, but never, or almost never, should total irresponsibility be allowed for this cause.'

"From these considerations it follows:—That in hysteria the affective faculties are disordered in various degrees, but the intellect almost always remains intact. That an hysterical condition of weak or even medium intensity, interfering in no way with the perception of the quality of actions committed, it ought not to constitute a title to the indulgence of a tribunal. That hysteria, raised to a high pitch of intensity, carries with it extenuation of responsibility, and consequently of penalty."

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EDGAR ALLAN POE. By HENRY MAUDSLEY, M. D., Medical Superintendent of the Manchester Royal Lunatic Hospital.

[*From the Journal of Mental Science, April, 1860.*]

"Given a force acted upon by certain other forces, and the result is as good as mathematically sure. Men, like trees, grow according to their nature and their circumstances. . . . Freewill is only force, and all force is determined, first automatically, that is by its own law or nature, and again by the action of other forces."—*Infanti Perduti, Edinburgh Essays.*

"All force in action is what we call free, but all force must be determined to action which is what we call necessity—A man does not stand distinct from nature but in it: the force which his will represents comes not entirely from without, nor is it generated solely within; it is the result of the action of a certain organization upon outer forces, a development of force into a higher manifestation according to fundamental laws of the universe."

It seems as though a man were necessitated for all eternity to say what has been over and over again said, if so be that he will not

keep his mouth shut. There may be some consolation, however, in this sameness of wisdom, if we remember that the thing spoken must be wisdom in order to last; for a lie cannot bear repetition so often, but must by the very nature of it, sooner or later come across those everlasting laws by which it is surely crushed out and dies. The grievous part of the matter is, that the truth so commonly remains but an uttered word, and cannot be made available in the way of practical wisdom: lamentably men will act lies and talk wisdom. There are certain general principles which no one cavils at, which rather every one applauds, so long as they remain general and on the shelf; but if any one take them down and apply them to the concrete individual, he is sure to cause dissatisfaction, and to meet with opposition. Never, perhaps, do we find more frequent and marked illustrations of this than in the determination of the important problem as to what is rightly to be expected from a man in the universe. It may admit, indeed, of question, whether the world's judgment of a man is not mostly very erroneous; perhaps in the majority of cases not really relevant to him. The thing judged is not the feeble being such as he actually was, struggling with weakness in the midst of the irresistible, gasping painfully after development in untoward circumstances—such as he alone of mortals could feel how untoward—but a creation on the part of the censorious and complacent world; such an one as it assumes according to its standard of judgment to have been then and there struggling. There is a wonderful constructive faculty, as well as a destructive faculty in criticism, whereby it happens that a man is often built up in order to be knocked down. The enlightened critic can for the most part see through all the intricacies of human nature as clearly as he can see an elephant in the sunshine, and sends forth his sentence as with the boom of a last judgment. Happily it is after all certain that mighty critics are merely mortals, manifesting in a notable way, now and then, their human littleness; especially when human nature is the subject upon which they exercise their art. Happily again, it is further possible that an unmitigated scoundrel never did actually exist in this world

This is a proposition which is little likely to meet with acceptance



from those complacent, stereotyped individuals, who, dwelling in snug cottage or in stuccoed villa, mightily observant of all respectabilities and conventionalities, gloat over the errors and evils of mankind, fatten on moral putrefaction, as the vulture on the carcass. Oh! the delightful contemplation that the stuccoed man is! Worldly prosperous, with a wife who looks upon him as a hero, considers the stucco to be no mere appearance but actual stone; and happy in children who are the most wonderful children in the world; capable, moreover, of a decided opinion upon all things under heaven; and surely convinced that an Englishman is the beau ideal of the universe, and that he is the beau ideal of an Englishman—what an admirable being! We may be thankful for the stuccoed man. Marvellous truly is it to observe the stoicism of his self-complacency, and the quiet satisfaction which, in an unconscious way, he exhibits, when some considerable misfortune has befallen his friend or acquaintance. He is profuse in commiseration, no doubt, but commiseration is so often nothing but a pleasant chuckle; and the expressions of compassion are manifestly bubbles on the quiet stream of self-satisfaction, which, flowing on, turns the mill of criticism, in which his unfortunate friend is ground down, his folly laid bare, the man reduced to his ultimate elements and these shewn to be rotten. And so onward flows the stream turning many mills in its course, until at length it reaches the ocean of eternity, where, happily, all muddy peculiarities disappear. Useful and necessary being in the world is this stuccoed man; but certainly not the highest possibility of a man; and, therefore, under grievous mistake in supposing himself the legitimate standard of comparison for all mankind.

It is with the man as it is with the house. A cottage ornée is a pleasant sight enough, but a long line of such eligible residences becomes wearisome to the eye, which desires variety of some kind; and one is apt to think that the frequent repetition of the stuccoed villa might be advantageously relieved by an occasional change, even if it were with a pigstye. So also the stuccoed man becomes, in time, exceedingly monotonous; and perhaps it would be well were he to have his portrait painted, and then quietly to make his exit.



In what attitude, in what dress, he should descend to posterity is a question not at once to be settled; but, as being most significant, he might be represented in the act of winding up his watch, with his night-cap on. And in bidding him good-night, there is at any rate to be noted in him this merit—that he has succeeded in feeding himself where brighter men have failed.

To discerning individuals it may sometimes happen to discover in out-of-the-way places, in streets scarcely heard of without a shudder, perhaps in back-attics, or in other such abode not indicating worldly prosperity, men of much originality of character and of wonderful endowments, such as, for the time being, it refreshes one to behold. By the necessity of living they now and then drag in the shafts, but soon kick over the traces, and in fitful gleams of bright originality manifest what they really are, and might, were there favourable possibility, always be—no stucco, unadorned brick and mortar, may be, or real first-class stone. Alas! originality is a capital thing to starve upon. So these men are compelled unwillingly to yoke themselves in the conventional harness, and to drudge therein, until, broken down by the heavy and unsuitable work, they flare out, often with the aid of brandy and water, into speedy extinction. Have we reason to thank Heaven for such men? Yes, though it be with bitter, sorrowful compassion. For has not one of them now and then spoken a word which has remained to us as an inestimable possession, a *κτῆμα ἐς αἰῶν* by aid of which the world has been helped forwards towards the unknown goal to which it is advancing. As to their morality, it is better perhaps than to cry out, to recognise this possibility, that the standard by which they can be judged may not yet have been discovered, tabulated, and made available for learned professors of moral philosophy to descant upon. The original man may have a morality of his own, which is just as much a necessary expression of his originality, and a part of his nature, as any great truth which he may utter, or any great deed which he may perform, and which may turn out to be, palpably to the world in the fullness of time, natural and inevitable. Indeed, if we were to reflect upon the matter, it might be difficult to conceive how, if a man have an

intellect of his own, he should not have a practical morality of his own. Suspended judgment is, at any rate, more judicious and more charitable than hasty decision and immediate action thereupon. Now that we have ceased to stone our prophets to death, it might be well to cease also attempting to crush them under a pelting storm of moral maxims. There is not much use in so doing any way ; for, though we may contrive to make the mud stick to them for a period, yet time surely washes it away, and the man in the end stands, serene and grand, in the Hall of Heroes ; and then we look foolish—little dogs baying at the moon ; Lilliputians shooting our arrows into this big Gulliver, making comedy for posterity to laugh at.

It is a conviction not easily resisted at times, that the world must be wrong somehow ; that it cannot be altogether right ; or we should not surely have so many lunatics, so many too, which is more strange, who have just missed genius and fallen into madness. Why should men of notable merit be driven so often to shriek out wildly against the injustice of the world, ending, if they have not hard hearts, or be not much given to tobacco or other sedative, at the bottom of the fishpond or in the madhouse ? Many more there are too who, although they have not so ended, yet have once or oftener shuddered, chilled, as it were, by the cold shadow of madness passing over them. There can be no doubt that the way of the world does press hard upon the young and honest soul, before the conscience has been seared with conventional iron ; before the man has been pressed and stamped into the uniform currency of respectability. Happily has it fallen out for him personally if he has not flared up in momentary brightness ; if the all-grasping fingers of respectability have eluded hold of him, and rescued him from madness or destruction. Aye, that, instead of belching forth the truth as it appears to him, and, if so be, dying of starvation, better for him he should take to himself a wife, become a hero to such discerning female, and come to the belief that conventionalities are “ eternal veracities ?” Yes, let it be wisely done, since the economy of the world requires it ; let the man be fashioned into an artificial machine since it must be. Is not this verily the age of machinery, an age in which the soul of man has

entered into woodwork and ironwork, animating them ; in which cotton has become conscience ? What a magnificent metempsychosis !

May charity extend even to the brandy and water of genius ? Why not ? Blank, utter hopelessness in the world may palliate in part what it cannot excuse ; and, on the whole it is probable, that there is more blank hopelessness in the world than is generally supposed. It needs not that we dive into the dark arches to discover it, if we only use our eyes aright. The shuddering ragged figure, crouching there by the muddy river's brink, is sometimes happy compared with the wearied hopeless soul, disgusted with the emptiness of all things on earth, and faithless as to anything after earth. Why should life be prolonged ? It has hitherto been but a scene of intense but unsatisfied longings ; a scene of dull heavy wretchedness, a gloom relieved only by a rare flicker of murky brightness. It may admit of question whether it be not with certain constitutions more endurable to suffer the sharp pang of acute physical disease, than to bear that constant dull aching pain which accompanies certain chronic affections : and so with mental suffering. It is an old story, as old as life. " All things are full of labor ; the eye is not satisfied with seeing, nor the ear filled with hearing. The thing that hath been, it is that which shall be ; and that which is done, is that which shall be done ; and \*there is no new thing under the sun. Behold all is vanity and vexation of spirit. There is nothing better for a man than that he should eat and drink, and that he should make his soul enjoy good in his labor." " Let us eat and drink, for to-morrow we die." Let us drink then—drink away the weariness ; for is not a drunken man for the time being happy ? Yes, he laughs in his momentary strength at the voice of melancholy, laughs, triumph-

\*" We have heard of an Englishman," says Goethe, " who hanged himself to be no more troubled with putting on and off his clothes. I knew an honest gardener, the overseer of some extensive pleasure grounds, who once splenetically exclaimed, ' Shall I see these clouds forever passing from east to west.' It is told of one of our most distinguished men that he viewed with dissatisfaction the spring again growing green, and wished that, by way of change, it would for once be red. These are specially the symptoms of life weariness, which not seldom issue in suicide."

antly, and revels in an ideal world, where he can have his own way with this calm inexorable destiny of real life. He experiences the delightful sensation of power, and feels something of a realization of those inward aspirations—

“While the fond soul,  
Rapt in gay visions of unreal bliss,  
Still paints the illusive form.”

What though fierce repentance rears her snaky crest, she can not steal away the pleasure that has been. Is it asked,

“Who buys a minute’s mirth to wail a week,  
Or sells eternity to gain a toy?”

The reply is, that a minute’s mirth may be worth the wail of a week : being so much mirth secured which sobriety could not have given; *that* being equal only to granting a little less intense wail for a lifetime. “Crown me with roses, let us drink wine, and break up the tiresome old vault of heaven into new forms.”

Furthermore, may it not be that, by the aid of brandy, man may get a quicker insight into things which can only be seen into with much difficulty and much labor without? True he thereby sacrifices time to power, but so pleasing is it to get a glimpse of that “Divine idea which lies hid at the bottom of all appearance” that many may be found who would gladly give up half their life for such an object. It may be a mere fancy, but it certainly seems that in some of the best writings of our best authors, one may detect alcohol. Be this as it may, however, and whatever genius may do, it is clear that in the world’s movement onwards, alcohol plays an important part.

We shall best realize the importance of this agent, if we remember that the effect of an action, *however caused*, persists for all time, it blends itself with the universe, and has an influence in all that is to come, whether for good or evil. Now, though we see much more of spirit-drinking than is desirable, yet there is much that we do not see; and perhaps, the gravest circumstance in the case is the great quantity consumed in secret; in the closet by respectability when it imagines that no eye sees it. It was the remark of a successful physician of long experience, when it was observed regarding the habits

of a person of great attainments that although he did not appear to be given to drinking, "he might have been a gin drinker": which, by interpretation is that, as the result of a long experience, it had chanced to that physician to discover that many closets contain gin bottles.

It really is amazing when we reflect upon it—and the observation is by no means new—how little a man does know of his nearest friend or acquaintance, of his fellow-man in any situation; he sees but the appearance of him. Could he unroof his neighbor and look into the inner principles of him, what revelations might there be. It may happen to him to discover, in unguarded moments, that the insignificant little mortal, whom a puff of the breath would almost annihilate, had high resolves and wondrous self-conceit; that the small curate had his eye fixed, with a sort of vacant flickering stare, on a bishopric; or, on the other hand, he might find that the eloquent and earnest popular preacher was in secret addicted to alcohol or to opium. Well, if we receive the benefit of the man's self-indulgence in his writings, or in his sermons, have we much need to complain, or much cause to blame? We act very strangely in this matter generally; so long as the man keeps his vice pretty secret, we accept him at what he professes to be, and raise no clamor. Every now and then, however, some one appears who, disdaining all hypocrisy, perhaps incapable of it, drinks down his consolation in the face of all the world, and exhibits himself as he really is; and then what a hubbub! Heaven help him, it is bad enough; but it is of no use howling at him; it is better to be charitably silent, remembering that an immense quantity of alcohol and of opium disappears, of which we cannot say where it goes; and remembering also that he is often most unmerciful to the sinner who is in secret guilty of the vice which he condemns.

What then, as the result of these reflections, is there left for a man of sensitive temperament, and of little self-control, to do in the apparent universal wrongness of things? Go mad: well he often does, and so ends. Commit suicide: that also has been done by, amongst others, poor Chatterton. Or, take to opium eating, and af-

terwards come forth, like Coleridge, to censure De Quincey. Or, finally, if it must be false comfort, he may find consolation in drinking brandy. Many have done so, amongst whom, not the least notable, is Edgar Allan Poe, to a consideration of whose character and writings the foregoing observations are intended to be prefatory. They will have answered their purpose, if they have in any way served to indicate the difficulties under which men of certain endowments are by their nature placed, in the struggle to live, and at the same time to develop according to their inward impulse.

But before proceeding farther it may be well to note this unhappy difficulty in the way of a man struggling through life—that he never discovers the laws by which he should be governed until it is nearly time for him to take leave of existence; only sad experience teaches him how foolish he has been, and only when the opportunity is gone is he able to see that it has been going. How many a noble existence has been wrecked by a false step in early youth; and yet how could the unhappy youth know the painful and abiding consequences of his error? the vessel is alive to the danger only when it has crashed upon the breakers.

“Ah, heavens! that it should be possible for a child not seventeen years old, by a momentary blindness, by listening to a false whisper from his own bewildered heart, by one erring step, by a motion this way or that, to change the current of his destiny, to poison the fountain of his peace, and in the twinkling of an eye to lay the foundation of a life-long repentance.”—*De Quincey*.

This is a serious consideration, and should at any rate, make us charitable towards any one who has turned in youth from virtue's paths, and whose way thence has been onwards to the black waters. It is so difficult, nay, it is impossible quite to retrieve an error. The act has gone forth from the individual, but has not vanished into space; it meets him, as it were, at every corner, confronts him, it might seem almost miraculously, wherever he turns; compels him to change the circumstances of his position, to change himself; he cannot possibly be what he was before. Having yielded to temptation, he has weakened himself, and has added one to the number of the enemies who will meet him in the gate—one, too, who knows



his infirmity, and is exactly qualified to cope with him in his weak part; a portion of his force has, in fact, turned traitor, and gone over to the enemy with information. No wonder, then, that so many, having once gone wrong, flounder for ever afterwards. Even when they strive to avoid falling deeper, and labor to recover themselves, it is often labor ignorant and vain; they do not recognize their change of position, do not feel that they have done wrong, and must accept the consequences, but hope foolishly, and endeavor vainly to go on as before, and the line of battle is broken from the want of concentration of force after so heavy a loss. It is truly a painful thing to watch a man fighting bravely, and yet quite hopelessly, from ignorance of generalship, like a brave army done to death by the folly of its leaders. But men are so unwilling to retreat; even after grievous error, when circumstances are more threatening, and when they are much weaker, forgetful that it is better to gain small victories, and to be strengthened thereby, than to suffer one great defeat and to be ruined, that it is better to take retribution to one's arms as a friend, than to make of it a constant and inveterate enemy. There are some, however, and they are the heroes of life, who are so strong that they cannot well be seriously beaten; they go in to win, not rashly and madly, for they are strong in reason, but wisely and firmly; they do not run their heads full tilt against circumstances, and fall down crushed and bleeding in consequence, but seize hold of circumstances, bind them together, and make of them a support. Perhaps this is the surest sign of calm real strength, the best test of a great man—this power of retrieving error, of dragging success out of misfortune, of asserting free will over necessity; what else, indeed, if we consider it, is a well lived life? It is, in truth, of all spectacles the most pleasant, to behold a man after mishap, gather up the reins with firm grasp, and firm resolve to recover the lost ground, to see him start steadily and cautiously, with that determination to succeed, which surely, sooner or later, effects its own accomplishment. There he stands, calm in the storm, clear in the gloom, solid amidst the changeable—

“Like some tall rock that rears its awful form,

Swells from the vale, and midway leaves the storm,  
While round its breast the lowering clouds are spread,  
Eternal sunshine glitters on its head."

There can be no doubt who is the truly great man, convulsion, as Carlyle says, not being strength. Still it behooves us to credit a good sum to nature in the case of these strong men. For to every one has not been given the power to gather strength from weakness, and to pluck out from the withered leaves of folly and misery, the green laurel leaf of victory; in fact, a Shakspeare or a Goëthe is rather a rare phenomenon in this universe of ours.

It is always possible in passing judgment upon a man to look at him from two distinct points of view, and thus to arrive at two different opinions as to his individual responsibility. The net product may be taken, compared with some fixed standard, and pronounced deficient or otherwise accordingly; or the factors concerned in the sum may be regarded, and the opinion given on their relation to the product. The way of the world, for the most part, is to take a man as he appears in his actions, to measure these by a certain conventional standard, and then to go no further in the enquiry, but, forthwith to pronounce authoritatively—most likely, if there be any tincture of originality in the man—to damn him pretty distinctly. Such a method is eminently unjust, its result on the whole being, that the man of sterling honesty and sincerity is branded as a serious sinner, or at any rate is marked with a note of interrogation, while the plausible hypocrite passes muster with commendation. Now, there are three facts which, militating against such a mode of procedure, suffice to upset it completely. The first is, that man is not the measure of the universe, nor of its Creator: the second is, the impossibility of any man producing himself, springing up by spontaneous generation just such a being as he might wish to be: and the third fact is this, that a man cannot, either mentally or bodily, live in *vacuo*. Admitting the standard of comparison to be correct, which it might be had the world ceased to move, there are to be taken into consideration then, in the formation of a just judgment, the original nature of the man, and the circumstances in which hap-

pily or unhappily, he has been placed—the character of the modifying force, and forces amidst which this has been placed. It is from practically neglecting these important considerations that we sometimes stare aghast at a man in helpless paralytic attitude, as though he were some strange and inexplicable monstrosity in the universe. Science has satisfactorily demonstrated the so called physical monstrosities to be nothing more than particular arrests, exaggeration of development, still in accordance with a certain definite type; and so it may be probable, if we will but consider it, that moral monstrosities have come to that pass by sure laws. Edgar Allan Poe, therefore, “such a warped slip of wilderness” as he was, we cannot look upon as one rushing through space without purpose and without orbit; and black as his character seems, yet may there be, in an examination of circumstances, some explanation. Nay, if we reflect for a moment, on such a phenomenon as a scoundrel without excuse, is it not a physical impossibility in the universe? Effort coming in the form of “error and evil behavior,” may have its cause somewhere back in the far past. For how much therefore are we to doom the man responsible?

By the necessity of its nature, genius is compelled to move more or less out of the beaten track; and the paths of knowledge and of morality, at any rate of practical morality, run parallel, so that when a man gets off one, his relation to the other is also considerably changed. Now, the greatest seem often to have the power to drag the unwilling world after them, in spite of its many-tongued cry of “shame,” until by success they have stayed the noise, and have forced themselves into acceptance. But many, and many a one, wondrously endowed, yet of a lesser order, wanting that calmness of temperament and that control of reason, which are necessary to sustain them in great conflict, fight and fail. It is a grievous and painful spectacle to observe their tragical struggles, and miserable end—to see the taper, lighted from heaven, prematurely flare out in bitter sorrow and anger. Such have been called the *Infanti Perduti*—*The Forlorn Hope of Humanity*.—“Looking back on their pale, disfigured faces, where the wrath of a Titan is so often blended with the weakness of

a child, and the fury of a maniac with the light of immortal love, it is no weak, unintelligent, useless pity which loves to dwell there, and to find there if possible, instruction and hope."—*Infanti Perduti*. —*Edinburgh Essays*.

We must, indeed, look back at such, so mighty, yet so fallen, in order duly to appreciate the gigantic nature of those who have fought the fight, and have won the battle. The strength of the building which has remained firm and uninjured after the earthquake, is best understood by contemplating the massive ruins around it. How otherwise can we feel the wonderful significance that there is under the ordinary, quiet, exterior life of William Shakspeare? What sufferings must he have undergone, who could create such characters as those of Hamlet, Macbeth, Othello, and Lear? and what power must he have had who after all, lived a quiet life, died in peace with all mankind, and might have had the epitaph of the most ordinary stuccoed respectable? Perhaps, great as his works prove him to have been, his life proves him greater. Is there anything in experience which can satisfactorily represent to the mind the compressed force that there was in Shakspeare? Were any conception of the final break up of the world possible, one might form some idea of the crash amongst moralities and conventionalities which would have been produced had he exploded. But he was far too great and too wise for that; and has left an example to prove to all ages, and to all spasmodic individuals, that genius can conform. Perhaps he has further proved that it is only the very greatest that, seeing beyond, can so conform; and that this of all others, is for genius the hardest task under the sun, being, when accomplished, the surest mark of the *greatest*.

Nevertheless, however reason may commend such men as Goëthe and Shakspeare, our sympathy will always be most with the fallen—with Burns or with Poe; the former appear so distant from us, almost Godlike; the latter are near to us, and we feel them to be of the same nature as ourselves. It is a great service to render to humanity, for a man who has suffered, to embody his sufferings with beautiful art in a drama or in a novel, and there to let the evidence

of them end ; but the feelings will always be on the side of the genius who could not be calm, and conform to the inevitable, but who bruised himself to death in the fearful conflict. And one cannot see how this is to be avoided, so long as humanity itself is not simply an exquisite drama, or a beautiful picture, or a cold marble statue. Perhaps there may be, after all, justice in the direction in which the feelings point, seeing that there is considerable selfishness often in self-control ; and seeing also that a man is not to be credited with his temperament as with a virtue. Goëthe, for example, when in the flush of youth, at that period of life when man is least apt to calculate consequences, and most prone to generous impulses, never appears to have forgotten his future interest. Falling in love (not once only) with a woman not his equal in worldly position, and engaging deeply her affections, he took his departure, suddenly, and without excuse, and left her disconsolately to pine alone, when the time for action came ; so that it is almost impossible to read the history of Goëthe's youth without hating him. Luckily, the sure ages always do bring justice, and we can forgive the resistings of Goëthe's youth when one sees him hag-ridden in old age. Now Edgar Poe, with such a temperament as he had, would most surely, under like circumstances, be rash and impulsive ; he would be the victim, not the victim maker ; there would be with him no calculation of consequences, no fear of frustrating his destiny, but an utter abandonment of himself, heart and soul, to the strong passion that was in him. There might, however, in this abandonment, be as much of selfishness as in Goëthe's self-control ; little merit can be justly credited to either of them, insomuch as the differences between them are constitutional and fundamental.

Edgar A. Poe was born at Baltimore, it is believed, in 1811 : was the grand-son of a quarter-master general, the great-grandson of an admiral, and the son of a father named David, who gyrated in an irregular manner through the universe. For he took to his arms in lawful matrimony "an enchanting actress, of uncertain prospects," of whom he begat three children—Edgar the eldest. Here now is the place for respectability to make a moral demonstration ;—the



son of a quarter-master-general and grandson of an admiral;—so well connected,—to marry a strolling actress. How disgraceful! What will society say to it? Was it not possible for you, foolish David, to have taken her as your mistress, and thereby to have kept yourself within the pale of decency—to have taken her for the better only? But to have taken her “for better or for worse”—it is pitiable, and the deencies discard you. So David Poe, deficient of deencies, bade farewell to law of which he had been a student, along with respectability, and with Elizabeth Arnold, the beautiful English actress, went forth into the wide wide world. On the whole, the wide world cannot be said to be a very suitable place for a man to enter upon who has given up a respectable routine for a beautiful actress—if he wants to do anything but to die therein. Oh, it was pitiful, it was bad, irrecoverably bad, David Poe, for are not the sins of the father visited upon the children unto the third and fourth generation? We grieve for the transaction, yet we cannot well regret it; for had not things so happened, there would have been for us no Edgar Poe, no Raven, and no Lenore. Strange, and the observation is very trite, how far back lies the origin of any event in this world. The thing done remains in action forever. One cannot help thinking of the young lawyer sitting with enraptured countenance in the pit of the theatre, absorbed in the enchanting actress upon whom every one of the multitude present was absorbed in admiration—for she was a great favorite—who should have pointed to that face, and have said, that in the sympathetic and admiring glance which beamed therefrom towards that actress, lay the germ of things which were to occupy the world’s attention, as long, may be, as it existed. Edgar Poe, his poetry, and the amazement of mankind at his strange, lurid, irregular existence! nay, that glance is also actually accountable for this present waste of ink and paper.

David Poe, after discarding respectability, cast in his lot with his wife, himself became an actor, and after six or seven years of such life, fell sick and died, leaving in “utter destitution,” three children, Edgar, Henry, and Rosalie. His partner in sorrow, having accomplished what play within a play she was destined to perform, shuf-



fled off the stage of life about the same time, to join him, we may fervently hope, in that kingdom where there are no more plays of the tragedy sort, but where the tears are wiped from every eye. There can be little doubt that there was tragedy enough for them in their sojourn together on this stage of time—much angry reerimination, passionate outbursts, tragical remorse, and, at any rate, final departure in “utter destitution.”

Inasmuch now, as a man is not his own father, it is incumbent upon us to take these things into consideration in estimating Edgar Poe. For we may rest assured of this, that infirmities of mind are transmitted from parent to child by a law as sure and constant as is any physical infirmity. Consumption is not more constantly inherited than is insanity, and the peculiarity of temperament which manifests itself in moral disease, descends as surely as either. “The weaknesses and defects,” says Nathaniel Hawthorne, “the bad passions, the mean tendencies, and the moral diseases which lead to crime are handed down from one generation to another, by a far surer process of transmission than human law has been able to establish in respect to the riches and honours which it seeks to entail upon posterity.” If then a man have inherited the constitution and temperament of his father, and if that father went wrong in youth, living ever after in an irregular way, aggravating in fact, as far as possible, the inherent mischief, it can be no matter of astonishment should his son turn out to be an irregular being; for it is as certain that weakness added to weakness through generations, cannot produce other than weakness, as it is, that equals added to equals, cannot result in anything but equals. And if the circumstances into which the offspring is introduced, instead of being purposely and intelligently determined for combating the evil, be those which of all others are most favorable for fostering and developing it, what possible good can come? Then, again, there is much to be attributed to the mother’s influence during gestation. Before the child is born, it is certain that its after-constitution may be seriously affected by its mother’s state of mind. Numerous examples, in the shape of visible changes in nutrition on the body of the child, attest this fact; but these may,

after all, be looked upon as coarse illustrations. It is the delicate and sympathetic nervous system that suffers most from shocks of the mind; and hence it happens that active emotional states of the mother's mind are sometimes notably attended with a change in the nutrition of the nervous system of the unborn babe. The child may be born with a hyper-sensitive nervous organization, and may be no more able to help being excitable, or having a vicious tendency, than the earth can help moving in its orbit round the sun, or than the sun can avoid shining alike on the just and the unjust. Thus, a mother during pregnancy, is exposed to a sudden fright, and her child is born, subject for the first few years of its life to convulsions, it soon afterwards has a manifest affection of the brain, and ultimately gets into a state of terrorism, in which, as it grows up, it sees persons armed with daggers and pistols, for the purpose of murder, and hears bullets whizzing through the air: the fright of the parent has thus been incorporated into the constitution of the child, and what was a temporary occurrence in the mother, becomes a permanent and, as it were, a natural constitutional defect in the offspring.\*

Such things happened during the French revolution, and in the fearful war in La Vendée. Let us apply such considerations to Edgar Poe. Given then in his case a father who had been defiant of respectabilities, and who had lived in an irregular way; given a mother who had been very beautiful, and who was an actress; given also "utter destitution," and the many untoward circumstances which two such words connote, and what, in the way of product, are we justified in looking for? Surely some such a child as that of which Poe was the development. Development—that introduces another important consideration, the circumstances under which it took place, excitable temperament and perverse disposition inherited from the parents; it behooves us next to examine how these were dealt with—what was the education? For it is a very unjust error, of which the world is guilty in its judgment of a man, to look upon him as solely responsible for all the error or evil which he may

\*Esquirol, *des Maladies Mentales*.

have fallen into. Might it not be almost as just to say to the tree planted upon a rock, "Why hast thou not grown?" or to the horse in the knacker's yard, "Why dost thou not shake thy mane, and laugh at the voice of the thunder?" Oh! is it not too true that man at the best, can only control circumstances in a pigmy way, not fashion them? And if there is implanted in him a principle which, by an irresistible sympathy, assimilates the untoward circumstances, stretches out towards them, finding there its suitable nourishment—the predominant tendency being so situate—what is to control circumstances? Accident, or what we in our ignorance call accident, often fortunately effects this for us. For in the endless variety of circumstances in which by possibility a man may be placed in this world, there is probability which is often realized, that the evil may be corrected, that something may occur to modify the peculiarity, that some result may be brought about antagonistic to the development of the inherent mischief. It is thus a happy thing when a man learns grammar in early youth, when he finds that as well as "I," there is a "thou," and a "he;" and by conjugating, comes to perceive that "thou hast a passion," and that "he has a passion." Edgar Poe never appears to have had an opportunity of learning this lesson until it was too late to profit by it. Let us hear him speak himself:—"I am the descendant of a race whose imaginative and easily excitable temperament has at all times rendered them remarkable; and in my earliest infancy I gave evidence of having fully inherited the family character. As I advanced in years, it was more strongly developed, becoming, for many reasons, a cause of serious disquietude to my friends, and a positive injury to myself. I grew self-willed, addicted to the wildest caprices, and a prey to the most ungovernable passions. Weak-minded, and beset with constitutional infirmities akin to my own, my parents could do but little to check the evil propensities which distinguished me. Some feeble and ill-directed efforts resulted in complete failure on their part, and of course in total triumph on mine. Thenceforward my voice was household law, and at an age when few children have abandoned their leading strings, I was left to the guidance of my own will, and became in all but name, the master of my own actions."

Here, then, we have it all ; “imaginative and easily excitable temperament ;” “development” thereof in Edgar ; “wildest caprices, and the most ungovernable passions ;” “weak-minded parents beset with constitutional infirmities akin to my own,” and so on. There is one phrase in this bit of autobiography which it may be well to seize and dwell upon for a moment ; his parents were beset with constitutional infirmities akin to his own, to which, “wildest caprices, and the most ungovernable passions,” as might have been expected in the case of an individual who had run away from his prospects with a beautiful actress, and in the case of a beautiful and favorite actress, who had married an eligible match, and had found by bitter experience that there was nothing eligible in it. “Wildest caprice,”—poor David doing the most perverse, out-of-the-way things in a defiant, desperate way ; and the once enchanting actress in no wise sparing him her tragic tongue ; “the most ungovernable passions,” perhaps what little crockery ware or furniture there might be with “utter destitution,” flying about the room ; and over all a leaden cloud of repentance and remorse. Edgar Poe was thus born under a canopy of remorse, and imbibed as his first lesson, the melancholy dirge of “Nevermore ! Nevermore !” Here was, indeed, an atmosphere of circumstances for educating, inducing, bringing out what good or bad tendencies nature might have implanted in him. Even in the earliest childhood the surrounding influences exercise a powerful effect upon the child ; it assimilates them unconsciously, and they become a part of it. The mother who flies into a violent passion, and raves accordingly, does not rave idly ; her infant, sprawling upon the carpet, may feel the effect, unconsciously incorporating into its system the power which passion represents—power persisting through eternity ; there can be but few idle words or acts in the universe. Esquirol relates an extreme case in which the effect of evil influence was marked. A little girl of three years of age frequently hears her step-mother cursing in her passions, and soon becomes, as it were, insane—wishes constantly for her step-mother’s death, and, at the age of five years and three months, makes the first of several attempts to kill her. Whence it is manifest that passion and curses

are not attuned to a healthy child's feelings, and further also manifest that they produce serious consequences, even though these be not apparent at the time.

What Poe's education was likely to be, we may easily conceive—an excitable and passionate disposition having been set to sail in a whirlpool of passion; the vessel in the midst of a raging storm, having to make the quiet harbor without rudder and without compass. Should the storm resolve itself fortunately and a propitious wind drive it to the haven, good and well; if not, there will be no cause for wonder if the vessel be lost. We have seen what Edgar Poe said of his circumstances; "feeble and ill-directed efforts," to correct an unhappy disposition, ended in his being left to the guidance of his own, and to the mastership of his own actions. So the unhappy child was placed; no propitious Deity to pour oil upon the troubled waters, nay, rather malignant fate in the form of unhappy circumstances, pouring oil upon the flames. Thus, native bad, by the addition of acquired bad, was made worse. The unlucky law-student, running away from respectability under that foolish enchantment, had not done in that act of his all the evil that destiny had doomed him to do. May we not surely depend upon this, that consequences of evil action follow as inevitably thereupon sooner or later, as does the day on the night, or the night on day; that human actions are under as certain laws as is any physical phenomenon in the universe. The whole course of a man is changed by one act of his life, and not so, but the course of his children. Whatever power the man may represent, whatever he may do for all his lifetime, the force that each individual embodies, dies not with him, but goes forth working to all eternity—ends not when the earth is shrivelled up like a scroll of parchment, persists through the courts of heaven, and in the cells of hell. It would be a sobering reflection for a man if he could but realize it, that he represents so much *force* in the universe, and that force cannot be annihilated; therefore, that every word and action which he launches on the ocean of time and space, goes its way and is never lost. Each individual represents, as it were, force self-conscious for a time in the conflux of two eternities—from everlasting to



everlasting ; and therefore that every word and act must surely appear on that great day when all is completed. "It is a high, solemn, almost awful thought for every individual man, that his earthly influence, which had a commencement, will never, through all ages, were he the very meanest of us, have an end. What is done, has already blended itself with the boundless, ever-living, ever-working universe, and will also work there, for good or for evil, openly or secretly, throughout all time. But the life of every man is as the well-spring of a stream, whose small beginnings are indeed plain to all, but whose ulterior course and destination, as it winds through the expanses of infinite years, only the Omniscient can discern."—*Carlyle.*

Thus considering our helplessness, and yet our importance, have we not abundant cause to admire the mighty, nay to us, fearful Intelligence, which conducts us so unconsciously upon our way, the "Providence that shapes our ends, rough hew them as we may?" Yes, wrong as it sometimes seems that we have gone, and bitterly as we may repent it, both the wrong and the repentance have their purpose in the sum-total that our existence is working out in the scheme of the universe. So, when respectability shrieks out at us for running away with an actress, or such non-defeusable action, although we are sinning perhaps as regards ourselves personally, and respectability has a just right to clamor at us, yet we are not dashing blindly through space, but are guided to our destined end by the unseen hand of Omnipotence. Men may shake their heads, or stand aghast at us ; but then men at one time stood aghast at the comet, as though a fearful and unguided danger were rushing through space, deeming, forsooth, in their wisdom, that the Omnipotent was asleep or upon a journey. Let a man, then, having done grievously wrong in the world be fully prepared to accept the consequences of his wrong, whether these come in the form of injury to his worldly prospects, or in the form of intense mental anguish, such recompense being inevitable ; but let him not despair, as though he had frustrated the purposes of his existence, and were an anomaly in creation. He is going right, although he has gone wrong, and bitter re-



penitance accompanies him on his way. Strange moral phenomena are not purposeless in the universe.

“Yet they wha fa' in fortune's strife,  
Their fate we should na censure,  
For still the important end of life  
They equally may answer.”

The circumstances amidst which Edgar Poe's infancy was passed were the natural result of the conjunction of the actress and of the law student, and Poe himself the inevitable ultimate product. In the contemplation of his life it is almost impossible to avoid the conviction that circumstances were intelligently determined so that he might become just what he was; for when his parents died, he, being a handsome and lively child, was adopted by a rich Virginian planter, who had no children of his own. Kindly as this was done, it was not altogether a blessing; and perhaps this observation may be made, that if a rich and childless man and his wife adopt a lively and handsome child they are likely to make of it a kind of plaything. But a child is not a light and amusing thing to be played with, but a very serious thing to be worked upon; and that, not by irregular and spasmodic effort, but by constant and sustained attention. Edgar Poe would above all other children, require such effort; for had he not already been too much spoiled? spoiled, as we have seen, fundamentally in his origin; spoiled in his embryotic life; spoiled in his earliest infancy; spoiled by his father, by his mother, and by circumstances? And yet had destiny reserved for him yet further unhappy influence; for in the house of his adopted parents he was indulged and humored, until, young as he was, he became master there. Evidently, the kind people who had taken pity upon the young orphan had no adequate idea of the responsibility which they had undertaken. Unfortunately, there is nothing singular in such a circumstance; a child not spoiled is becoming every day a rarer and rarer phenomenon; and one might be tempted to conclude that it was, after all, natural and proper to spoil children, were it not that there is so much sin and so much evil in the world. General indulgence, relieved by an occasional act of capricious severity,

and such act followed by sure extra indulgence afterwards—that is one method of training childhood. In process of time the result comes out, an Edgar Poe, or something of that sort, exactly what any reasonable being should expect; and then foolishly also often comes a howl of anger and astonishment, a sort of expostulation with Heaven, in that it had not reversed its laws, and planted the rose of virtue on the tree of folly. Have we not, in Poe's case, been so far prepared as not to expect "grapes from thorns, or figs from thistles?"

After so much of the malignant, came for a time a little sunshine. Poe was sent to England in 1816, where he remained for five years at school at Stoke Newington. "Encompassed" says he, "by the massy walls of this venerable academy, I passed, yet not in tedium or disgust, the years of the third lustrum of my life. The teeming brain of childhood requires no external world of incident to occupy or amuse it; and the apparently dismal monotony of a school was replete with more intense excitement than my riper youth has derived from luxury, or my full manhood from crime." We may consider this as the evidence of his having been at last under a beneficial system; for it appears that man always is in reality happiest when he is under some restraint; when by the force of rods or rules or conventionalities and respectabilities, in spite of ebullition of passion, he is forced into self-denial, and made a reasonable creature. What else, indeed, can be expected, seeing that happiness, such as is to be had, follows in the train of moral law, even if it be morality by compulsion? The greatest satisfaction doubtlessly results from self-government, by the laws of a wisely developed reason, but such development can only take place through the force of reason that exists in the rules applied for government in youth. Looking at his after life, we cannot suppose that Edgar Poe assimilated such reasonable restraint, and profited by it; and perhaps we have no just cause to expect that he would. For, that assimilation may take place, there must be an adaptability of the matter to be assimilated to the substance into which it is to be received; and, as we have already seen, in the present case, there was on one side inherited

passionate and excitable temperament, aggravated by unhappy circumstances, and on the other routine and rule, whence came little in the shape of available nourishment. If there were any sense in regretting aught that has happened in this world, one might regret that such outer control had not been exercised on Edgar Poe for a much longer time, or at a much earlier period of his life. It were perhaps as well, however, to accept the government of the world as we find it, and forbear for the present criticising, from our point of view, the ways of Providence: sufficient it is for us to observe them, and to learn therefrom what lessons may be serviceable for our individual guidance.

Poe returned to the United States in 1822, went for a few months to an academy at Richmond, and thence to the university at Charlottesville. Think of him for a moment so sensitive and so excitable, in the spring-time of youthful manhood, in the novelty of new passion, thrown into the license of the university. When a man gets a new coat, he can not rest quiet long until he has tried it on, and has looked at himself in it; and are we to wonder that a man should be eager to gauge a new passion; especially if he be one who by constitution is endowed with such an unhappy intensity of feeling as was Edgar Poe. It would have been amazing had he, such as we have seen him born and so far built up, resisted. No! he went his natural and inevitable course; he plunged headlong into dissipation, and became remarkable as the most wildly reckless and debauched of all students! and, yet he was noted for his quick intellect, his brilliancy and vivacity, and his skill in fencing, swimming, and all such feats—not incompatible elements with immorality in a character, as too many examples every day prove. Indeed, looking curiously at the young men of an university, one might be tempted to conclude that those with the best natural endowments were the most given unto dissipation; and that it was the moderate and plodding man who bore the best character and carried away the most honors. Perhaps this may be considered a wise dispensation, whereby the plodding man may have an equal chance in the battle of life; for what would become of him in the strife, if talent were always industrious and

respectable. Opinion is very inconsistent in the sentence it pronounces at different periods on remarkable men. Now-a-days every one feels himself justified in sneering or smiling at the Justice Shallow, who prosecuted William Shakspeare for deer-stealing, though it might appear that the Justice was only doing his duty, and was sanctioned therein by the unanimous verdict of respectability. But the after development of Shakspeare has put the Justice on the wrong side; and there he hangs, ludicrously gibbeted for ever. Is not this somewhat melancholy? That a man, according to the faculty that was in him, should do his duty, and yet should, in consequence, be gibbeted for after ages to laugh at by the criminal on whom he was exercising legitimate justice. Really, but it would be well as a mere matter of policy to be cautious in passing judgment on the extravagancies of exuberant youth, lest after ages may have cause to laugh. Learned professors, unhappily often ignorant of human nature, are apt to look severe, and to talk of "talents thrown into the gutter," forgetting that there is a great deal of humanity in the gutter, and the man who has rolled therein, and has struggled out, may speak with much likelihood of benefit to such humanity. Misapplied talents and wasted time, says respectability, in professional gown, forgetful that some have a talent for the gutter—forgetful, in fact, that wheat is wheat and not mustard seed; and that, moreover, manure is very serviceable in promoting the growth of it. Here is a pertinent question: what would have become of our great men, had respectability only had its way with them? Would not one have jogged on to death as he jogged on to market; and might not another have spent his energy in pounding pills in an apothecary's shop?

"All in this mottie, misty elime,  
I backwards mused on wasted time,  
How I had spent my youthfu' prime,  
An' done naething  
But stringing blethers up in rhyme  
For fools to sing.

Had I to gude advice but harkit,  
I might by this, hae led a markit,

Or strutted in a bank and clarkit  
 My cash accounts;  
 While here half-mad, half-fed, half-sarkit  
 Is a' the amount."

Perhaps most people will now be of opinion that it was well that Burns did not in his "youthfu' prime" hearken to good advice—that it was better that, "half-mad, half-fed, half-sarkit," he was occupied in "stringing blethers up in rhyme." Can a man sing, except like a jay, or speak, except like a parrot, who has not suffered; and furthermore, will a man who is always good, suffer? "The gold that is refined in the hottest furnace, comes out the purest," in more senses than one. Herr Von Goëthe was guilty of many things in youth, antagonistic to respectabilities; but has not the after-development of him sanctioned these things as the right things for the youth? Heavens! let us cease, in common charity, if not in common sense, to direct a man, and to judge each action of his life by a certain high conventional standard. It is something more than absurd to seize upon a certain event in a man's life, and with doleful regret to whine, "What a pity that this so happened!" Let this question be pondered,—Should we have had the man, had such things not so happened? and if not, this further—was it not better on the whole that these events should have so happened than that we should have been without the man? The two greatest men perhaps that the world has seen, who seem, as far as can be judged, to have been fortunate in regard to equality of temperament and power of self-control, went not in youth exactly the way that respectability would have pointed out to them. Did any great man ever do so? The best thing then that we can do, seems to be to accept a man as we find him, not as though he were an anomaly upon earth, but as having a final purpose,

"And trust the universal plan  
 Will all protect."

Edgar Poe at this period of life took the wrong turning, and never afterwards recovered his way; he had been destined by constitution to it. Right was it that he should suffer in consequence, and suffer

surely he did. The immediate result was his expulsion from the University; and when Mr. Allen, his patron, who had been very liberal to him in money matters, refused to pay some gambling debts, he wrote to him a violent and satirical letter, and embarked on board a ship, with the avowed intention of joining the Greek insurrection, and of freeing Greece from the Turkish yoke. "We rarely hear of a more heroic project," remarks one commentator. It may have been so, but we can not see anything heroic about a man's weaknesses; they may have been inevitable, and must be accepted in the course of things, but they are none the less un-heroic. Heroic project! it was best but an impulse rising out of weakness; a passage out of the diary of a spoiled child; ungrateful pettish anger, with much of malice in it; gratification of his own personal resentment, with speedy forgetfulness of Greece and insurrection there—if such were ever seriously thought of at all. Heroic! Don Quixote, rushing at the wind-mill, was a hero in comparison. It would have been infinitely more heroic had he struggled to free himself from the dominion of his own passion, and from the taint of base ingratitude, which must now forever abide by him. Such as he was, however, the event is not to be wondered at—impulsive act in a sensitive and excitable temperament under the painful feeling of obligation. It is characteristic of human nature, when a rupture has taken place, to hate the giver of benefits, especially when the intent of these has been frustrated by wilful and wicked conduct on the part of the recipient. Hence it seems almost inevitable that Poe should have acted as he did; for the benefits had been so great, and his was a disposition in which self-feeling was everything, and reasonable will nothing. It is not, moreover, a characteristic of human nature, when it has been constantly bolstered up by indulgence and assistance, to be in any way strengthened thereby. A being so treated when deprived of his supports is apt to have a sort of convulsive fit, and, fancying it strength, to fall down heavily in consequence. So it was with Poe when he spasmodically started for the Greek insurrection, and, as might have been expected, never arrived there. Probably Greek insurrection lost nothing thereby. He was not the



man to sacrifice himself for Greece, or for any thing else; there was not born in him such capability; for had not his father sacrificed his life to a momentary passion for a beautiful actress, and transmitted to him such faculty for self-indulgence? Accordingly we find that after disappearing for a year he turned up in a state of intoxication at St. Petersburg, was relieved from his embarrassments there by the American Minister, and was sent back to his native land. On his return Mr. Allen was again kind to him; he was entered at the Military Academy, and in ten months was cashiered. Henceforth no good in life can be hoped from him. He had been tried in routine and respectability, and failed, which is at once damnation to a man. He had been left to his own resources to struggle amongst irregularities and non-respectabilities, and had failed there also. This latter failure indelibly stamps him with weakness; for had there been in him any of that high genius, which, although it goes off the beaten track, makes a clear track of its own, he could not have so missed his way. Is there power in a man, he may laugh at circumstances, for in some position or another he must rise above them, by a law as sure as that by which a stone must fall. Edgar Poe had no such power, and, being worsted in his dealings with the world, he complained, and whined, and begged: is not complaint in any case a sure sign of weakness?

Little is to be gained by pursuing the story of his life to its end; it is very gloomy. Cashiered at the Military Academy, he was received by Mr. Allen into his house, but behaved so badly, that writers only hint darkly, dare not venture to describe, how badly. He was turned out of doors. Next he enlisted as a private soldier, and in a very short time deserted. By birth and education he had now become what he was to remain, unstable as water; no important change for the better could be looked for. "Can the Ethiopian change his skin, or the leopard his spots?" Perhaps it is only in an asylum for the insane that the impossibility of reformation in a character which has grown after a certain type can be witnessed in its utter hopelessness. At times Poe seems almost to have felt that such an abode would have been fitting for him; at any rate he sent on

one occasion to a gentleman whom he had vilely injured, in the person of his sister, an apology, with a statement to the effect that he was out of his mind. Did ever mortal before make such an excuse?

After his desertion he became very poor and exceedingly wretched. His next appearance was as the winner of a prize offered for the best tale, and on that occasion he was found haggard and in rags. Wonderful ability as had been noted at college, was unhappily not the ability to keep respectable garments on him, a thing which any vestry-man can do. Really, inexcusable as it doubtless is, there is yet something refreshing in the contemplation of a man who is not equal to a good coat; it is the pig-stye interposed in the row of stuccoed buildings. Think of it thus—that this man alone in the midst of a multitude of featherless bipeds, has not the faculty in him to keep a coat upon his back: there must manifestly then be in him some singular other faculty. Spirit of Teufelsdröckh, what wilt thou say to it?

There is one pleasing circumstance in the history of Edgar; and it is this, that the world has no cause to reproach itself for neglect of him; as it does so reproach itself in respect of its treatment to certain unhappy geniuses. Kindness interposed constantly from the cradle to the grave, and did what could be done to rescue him from the misery that he was ever bringing down upon himself. His case may, indeed, be cited as instructively showing how vain it is to reproach ourselves for not showering aid on such unhappy beings. Would not Chatterton, being such as he was, have died of arsenic, or even more miserably, whatever had been done for him? And Byron, would he have been more wayward and more wretched, had he been born to poverty and starvation instead of being born to an income and to a coronet? When a man can not do something for himself he seems to be like a sieve, to let all the good others may do to him run through. Is it not, moreover, somewhat inconsistent with the character of genius to look for such aid? If the man has been sent into the world, so pre-eminently endowed, he has been sent to enlighten and to benefit the world, and not to be nursed and coddled by it like a delicate child. It is a poor case when insight and strength come

to rest for support on blindness and weakness. Better after all that genius should be miserable, and be cradled into poetry by wrong, "For they breathe truth that breathe their words in pain." After winning the prize for his tale, Poe was sought out by a Mr. Kennedy, furnished by him with respectable clothes, and placed in the way of employment as a literary man. In this capacity he wrote successfully, but acted very irregularly and unsuccessfully. The details of his conduct are sickening, and are best left undescribed. During this period, however, he married his cousin, Virginia Clemm, who appears to have been a very gentle and affectionate being. And in spite of his many faults, in his family relations Edgar Poe attracted much affection to himself. His mother-in-law, who faithfully and devotedly tended him and loved him after her daughter's death, speaks of him as "more than a son to myself, in his long-continued and affectionate observance of every duty." One does not, however, wonder that women should have loved him; he was weak, exacting, and, no doubt, demanded much assistance. There is a wonderful love of self-sacrifice in a woman's heart; and her love increases by trial of it; it is not on the strong self-reliant man that it is poured out in greatest abundance, but on the poor, feeble mortal who can weep upon her bosom, and confide his sorrows to her ears, demanding sympathy, compassion, and help. And many a poor helpless being who reels about, it might almost seem purposeless, on the earth, has abundant affection lavished on him, simply from the capacity that he has of receiving. Did not Marlborough do the right thing to make himself loved, when he took money from his admirers? A lively and brilliant, but feeble and not self-reliant man who is often in conditions requiring sympathy and assistance, is well adapted to obtain all the love that a woman can give. All accounts agree in this, moreover, that in his intervals of sobriety Edgar Poe was refined and attractive in his manners and conversation. "I have never seen him," says Mrs. Osgood, "otherwise than gentle, generous, well-bred, and fastidiously refined." Unhappily we know not his inner family life—a naturally refined soul under the most favorable conditions approached nearest that was possible to that ideal after

which it thirsted. The mad fits of his drunkenness are the most palpable things in Poe's life ; and so the world's judgment upon him is apt to be drunk or mad. It is the way thereof. When Hamlet asks the grave-digger, " how long hast thou been a grave-digger ?" the reply was that he " came to it on that very day that young Hamlet was born ; he that is mad and sent to England." That was all he knew about the affair. " How came he mad ?" asks Hamlet, anxious possibly to know if there was not some idea abroad of the fearful mental struggles through which he had passed in a mesh of tangled villainy. " Very strangely, they say," replies the Clown. " How strangely ?" " Faith e'en with losing his wits." " Upon what ground ?" " Why here in Denmark." Just so ; why ask so many questions, the man having been mad palpably, and that being sufficient. What are circumstances and conditions to us, who have only to do with the man as he actually appears, as he walks amongst us ? How came Edgar Poe to be a drunkard ? Faith e'en with drinking. Upon what ground ? On the public-house floor. And having thus settled the matter we pass on our way to the other side. Meanwhile there is a good Samaritan or two who tend him carefully, feeling instinctively that there is more in the matter than appears.

There are so many circumstances in Poe's life which might admit of blame, that it is not easy to fix upon one as notably so worthy ; else his marriage with his cousin might, in a journal of this character, merit grave censure. Here was a man who by constitution and circumstances had developed into something as irregular and unstable as was possible without utter deliquescence ; and by way of mending matters he marries his cousin. Had there been any offspring to such marriage, we should have been justified, by experience, in expecting that one would have been born blind or deaf, another strumous or deformed, another epileptic, and, perhaps, all mad at some time or another. Happily, however, one has cause, here again, to admire the wisdom which rules the world, and by sure laws obviates the mischief for which we so often lay the train. The eternal laws exhibit their warning in disease and deformity ; and if such be disregarded, the end soon comes. A family given to frequent intermar-

riage, degenerates until there is no longer the capability of producing offspring, and then mercifully dies out; whereby it happens, that aristocratic pride can not perpetuate itself for ever. What would not man in his pride and in his folly make of himself, were it not for the powers that are above him?

During his marriage life, which lasted ten years, Poe subsisted on his literary labors, at one time as contributor, and at another time as editor, varying his work on one occasion by preparing, during the absence of the proprietor, the prospectus of a new magazine, by which he intended to supplant that which he had been employed to edit. Let this excuse, such as it is, be made for him—that it is very hard to make, contentedly, another man's fortune. Doubtless Poe felt, in a way he only could feel, that it was by him that this magazine was preserved in existence, and yet that he profited not most by it, but was rather employed as a literary hack upon it; whereupon, being a man who could only feel, could not look forward and reason, he foolishly and foully kicked. It is, indeed, foolish for a man to look only at his immediate position in the universe, and at what he may be doing therein, and thereupon to grow dissatisfied. What he should do, if he will do otherwise than act in his position, is to consider how he came there, and he will surely discover, if he have any faculty of insight in him, that he it was who placed himself wherever he may be. There is no accident in human life; "As a man sows, so must he reap." What is it then to a man that he should be making the fortunes of fifty persons, and should not be making his own, when their fortunes and his labor have come to that pass by equally certain laws. "Let the dead past bury its dead," if so be that it has an ugly aspect:

"Act, act within the living present,  
Heart within and God o'erhead."

When Poe's wife died, which event happened in 1846, he was in a very destitute state, and certain kind souls appealed for help on his behalf in the newspapers. Of course Poe, while gladly getting hold of money wherever he could, denied that he wanted any assistance in high theatrical style, and then attributed such denial to a "justifi-



able pride," which had induced him to conceal his wants. There is need of all possible patience with men who act in this manner; no justifiable pride with them in acting rightly, but a cheap pride in talking grandly—the "justifiable pride" of a lie. Accept whatever assistance to the result of folly may be needful and can be obtained, and then in place of gratitude, or acknowledgement, take oath that it was never wanted. It is pitiable, but like other lamentable things, apparently inevitable. There are men who, like Poe, having such an intense *self*-feeling, can not realize the fact of a not-self; they seem to look upon the world as a place created for them to play their pranks in, and accept whatever help they may receive, not as a charity or a kindness, but as a right, and are ungrateful accordingly. Insincerity of character, one might say; for sincerity involves the appreciation of relation—of the relation of the individual to something else, as well as of the relation of something else to the individual; whereas the vision of such men is so much perverted by their self-feeling, that they are positively unable to see themselves in relation to anything else. So that insincerity with them is not really so wilful and wicked as it might appear. A radical evil has never been corrected by circumstances. So it was with Poe, who could never feel for any one or anything, except, as it were, through himself. And yet, from his poetry, it might at first sight appear that there was in him a powerful love for another; for has he not written some beautiful lines which have reference to his departed wife? Beautiful and melodious, truly, but yet no real feeling of sorrow discernible therein. One can not but feel, on perusal of his poetical lamentation, that it is artificial and ingenious in construction, and must have cost him much labor in plan and pre-contrivance—that it is not nature, not even true art, which is the reflex of nature, but artifice. It does not "grow up from the depths of nature through this noble sincere soul, who is a voice of nature." And withal there is noticeable a sort of selfish and unresigned tone about it. No solemn sorrow, or humble acquiescent resignation in the inexorable decrees of Destiny. When the wind came out of the cloud by night, killing and chilling his Annabel Lee, it was because—



"The angels not half so happy in heaven,  
 Went envying her and me—  
 Yes! that was the reason (as all men know  
 In this kingdom by the sea),  
 That the wind came out of the cloud by night,  
 Chilling and killing my Annabel Lee."

And again, who can help seeing this stage passion in those beautiful verses, addressed to "One in Paradise," which may be quoted here in order to contrast them with the wail of real sorrow:—

"Thou wast that all to me, love,  
 For which my soul did pine—  
 A green isle in the sea, love;  
 A fountain and a shrine,  
 All wreathed with fairy fruits and flowers,  
 And all the flowers were mine.

"Ah, dream too bright to last!  
 Ah, starry Hope! that didst arise  
 But to be overcast!  
 A voice within, from out the Future cries,  
 (Dim gulf) my spirit hovering lies  
 Mute, motionless, aghast!

"For alas! alas! with me  
 The light of Life is o'er!  
 'No more—no more—no more.'  
 (Such language holds the solemn sea  
 To the sands upon the shore.)  
 Shall bloom the thunder-blasted tree,  
 Or the stricken eagle soar!

"And all my days are trances,  
 And all my nightly dreams  
 Are where thy dark eye glances,  
 And where thy footstep gleams—  
 In what ethereal dances,  
 By what eternal streams."

With which compare what a poet, whose heart was full of real sorrow, has said—

"Break, break, break,  
 On thy cold grey stones, O sea!  
 And I would that my tongue could utter

The thoughts that arise in me."

\* \* \* \*

"And the stately ships go on  
To their haven under the hill!  
But O for the touch of a vanished hand,  
And the sound of a voice that is still.

"Break, break, break,  
At the foot of thy crags, O sea!  
But the tender grace of a day that is dead  
Will never come back to me."

No doubt Poe felt sorrowful when his wife died, for she had ministered kindly and attentively to him. Had not she and her mother come nearest to what he thought the whole world ought to be in regard to him—the world forgetful of its destiny to wait upon him?

"She tenderly kissed me,  
She fondly caressed,  
And then I fell gently  
To sleep on her breast;  
Deeply to sleep,  
From the heaven of her breast.

"When the light was extinguished  
She covered me warm,  
And she prayed to the angels  
To keep me from harm—  
To the queen of the angels  
To shield me from harm."

Ah! it was very hard to bear so great a loss, and hope seems forever gone.

"Shall bloom the thunder-blasted tree,  
Or the stricken eagle soar?"

Yes! within two years the thunder-blasted tree began to put forth new blossoms, and the stricken eagle sought another mate. Within that time he became engaged to "one of the most brilliant women of New England;" and one ignorant of Poe's character might suppose, from the lines which he addressed to her, that never man yet suffered from passion so intense and so exalted; but we can see here,

as we have seen before, only an artificial passion, a passion "from the throat outwards." The verses are those commencing—

"I saw thee once—once only—years ago:"

in which he informs the lady that, after her departure in the evening from the garden,

*"Only thine eyes remained,*

They would not go—They never yet have gone,  
They have not left me (as my hopes have) since,  
They follow me—they lead me through the years,  
They are my ministers, &c.. &c. \* \* \*

"They fill my soul with Beauty (which is Hope)  
And are far up in Heaven—the stars I kneel to  
In the sad, silent watches of my night;  
While even in the meridian glare of day  
I see them still—two sweetly scintillant  
Venuses, unextinguished by the sun!"

Being congratulated, however, by some friends on his brilliant engagement, Poe replied; "No, No! you'll see there will be no marriage after all." And the way whereby he brought about the fulfilment of his prediction was, to appear in the street and at the lady's house exceedingly drunk and outrageously extravagant, so that the police were called in, Poe was carried away, and the match was broken off. It has been surmised by way of explanation that he felt that this brilliant lady knew only the better part of him, and that the marriage would surely make her miserable; he therefore broke it off as he did, not having strength of purpose to do it in any other way. But such an hypothesis gives to Poe's character credit for an unselfishness and sincerity which it is certain that it never possessed; and the strange circumstance admits of an easier and more natural explanation on the supposition of his selfishness and insincerity of character. He was possibly impressed with the feeling that a modest, lovely, unselfish Virginia Clemm was far better adapted to be his wife than "one of the most brilliant women of New England"—that on the whole it was very probable that the latter might make him miserable. "No! no! there must be no marriage." So one

day, when in his drunkenness this feeling came very forcibly over him, as on such occasions similar feelings are apt to do, and when drink had inspired him with that courage which, weak mortal as he was, he possessed not without, he started off suddenly with the determination to break off the affair somehow. And he succeeded by, perhaps, the strangest method that ever was adopted under like circumstances. Can we forget his apology on the occasion of previous discreditable behavior—that “Poe was out of his mind.”

Soon after this unpleasant event, being through further excesses, reduced to a condition in which he was obliged to beg money at Philadelphia, he made a sort of convulsive effort to reform, by signing the pledge. Not the least certain evidence of his weakness of character, nor the least curious phase in his history this—Edgar Poe, a teetotaler! Here at Philadelphia, a few months after his last escapade, this “stricken eagle” again proposed to a lady and was accepted. So he set out for New York to prepare for his marriage; but on his way entered a tavern, where he met some friends, and what more need be said—gave himself up to a night of furious “debauchery,” in the morning was carried to the hospital, where he died, aged, as far as is known, 38 years. Such a leave-taking is not altogether unexampled. Some nine months before his death, Burns dined at a tavern, returning home about three in the morning, *benumbed with cold and intoxicated*; he had in consequence an attack of rheumatism, and from that time gradually failed until he died. So pass away some men indubitably marked with the stamp of genius, leaving for our reflection the important question—how happened it?

Of all men of note who have walked upon the earth, it is scarcely possible to point to one whose history discloses more of folly and more of wretchedness than that of Edgar Poe. It was not because he sinned often because he sinned often and sinned sadly that his anguish of mind was lessened. Black-plumed remorse, as sure as death itself, visits all who invite it; and croaks its grating dirge of sorrow in the ears of the most abandoned, as largely and harshly as in the ears of the occasional sinner. Those fitful gleams of sunshine in his life indicate to us too plainly Poe’s misery and remorse; and perhaps

more painful evidence thereof than all is that signing of the pledge. It was the convulsive effort of a miserable and feeble human soul to escape from its misery and degradation. But convulsion is not strength, and we wonder not that the act was followed by a speedy fall. Alas! imagination cannot penetrate the thick gloom of remorse which enshrouded this weak child of nature. Through life accompanied him "vast formless things,"

"Flapping from out their condor wings  
Invisible woe!"

Acute sensibility is the prominent feature in Poe's character, and an intense love of the beautiful the genuine element in his poetry. It was through the former that he was rendered such an unhappy being in the world; it was by the latter that we recognize in him a spark of the divine light of genius. And among the unhappy tendencies which his father had transmitted to him, let us not forget to give due credit to David Poe for this exalted feeling. Had not the father been so sensible of the beautiful as to sacrifice all his prospects in life to the pursuit of the concrete beauty, his son might have wanted that intense aspiration after this ideal, without which we should have wanted his poetry. Every-day life does not unfortunately afford much satisfaction to such a feeling, and a man so endowed is apt to become wearied of the everlasting sameness of things, and desperate at the coarseness and selfishness of humanity. Not feeling calmly he cannot think calmly, and hence comes to express himself strongly—to speak of "Fate, whose name is also Sorrow," of society as "being principally composed of villains," and the earth as "a hated world" and a "damned earth." So spoke Edgar Poe; and one can not avoid contrasting with such outbursts the more calmly expressed conviction of a stronger and more far-seeing genius.

"I'll na say men are villains a'

\* \* \*

But oh! mankind are unco' weak,  
An' little to be trusted."

It requires a genius of a still higher order to be able to see through the crust of evil, and to discover "good in everything." Poe, hav-

ing just escaped madness, took refuge from the anguish of his crushed feelings in alcohol, and sought for consolation there; in intoxication he endeavored to realize his ideal of the beautiful. Doubtless whilst the excitement lasted he experienced joys which he could not grasp otherwise; but the reaction, which must have been so terrible, followed, and has left its stamp upon his poetry.

The truly genuine, the—so to say—sincere elements in his poetry are thus, his intense aspiration after the beautiful, and the melancholy of remorse. Everywhere, both in his prose and his poetry, do we find the expression of his keen love of the beautiful.

“Alas! alas!

I can not die, having within my heart  
So keen a relish for the beautiful,  
As hath been kindled in it.”

And again, of Helen's eyes he says—

“They fill my soul with beauty (which is hope).”

One of his earliest poetical compositions, written when he was but a boy, was that chaste and beautiful address “to Helen,” which is notable partly for the absence of the usual sepulchral gloom, in consequence of having been written before remorse had marked him for its own.

“Helen, thy beauty was to me  
Like those Nicean barks of yore,  
That gently, o'er a perfumed sea,  
The weary, way-worn wanderer bore  
To his own native shore.

“On desperate seas long wont to roam,  
Thy hyacinth hair, thy classic face,  
Thy Naiad airs have brought me home  
To the glory that was Greece,  
And the grandeur that was Rome.

“Lo in yon brilliant window niche,  
How statue-like I see thee stand,  
The agate lamp within thy hand!  
Ah, Psyche! from the regions which  
Are Holy Land!——”

In his prose writings he even maintains “that Beauty is the sole



legitimate province of the poet;" that "the pleasure which is at once the most intense, the most elevating, and the most pure," is to be found in the contemplation of the Beautiful—nay, he actually offers one of his productions as "this book of truths, not in the character of truth-teller, but for the beauty that abounds in its truth, constituting it true."

Unhappily he could find no satisfaction for so keen a sentiment, and became somewhat desperate in consequence:—

"Oh! I am sick, sick, sick, even unto death  
Of the hollow and high-sounding vanities  
Of the populous earth."

The melancholy tone of his poetry must be regarded as the effect of his melancholy view of life, but by no means as an unconscious effect. He considered a tone of sadness, as he informs us, to be the tone of the highest manifestation of beauty;—"Beauty of whatever kind, in its supreme development, invariably excites the sensitive soul to tears. Melancholy is thus the most legitimate of all the poetical tones." And his poetry is all most ingeniously, one might almost say, cunningly constructed in accordance with such a view. Does it not consist throughout of beauty and sorrow—of Psyche and of death, which is the greatest sorrow, "of all melancholy topics, what, according to the *universal* understanding of mankind, is the most melancholy?" "And when is this most melancholy of topics most poetical?" "When it most clearly allies itself to beauty. The death, then, of a beautiful woman is unquestionably the most poetical topic in the world; and equally is it beyond doubt that the lips best suited for such a topic are those of a bereaved lover." Hence Psyche is brought "in the lonesome October," with her wings "sorrowfully trailing in the dust," "by the dank tarn of Auber, in the ghoul-haunted woodland of Weir," until she is "stopped by the door of a tomb."

"By the door of a legended tomb;  
And I said, 'What is written, sweet sister,  
On the door of this legended tomb?'  
She replied—'Ulahume, Ulahume—  
'Tis the vault of thy lost Ulahume!'"

Hence also we hear of—

“The lilies there that wave,  
And weep above a nameless grave.”

He embodied the spring blossoms of his life, his hopes and aspirations, which had all been blasted and wrecked, in the form of a beautiful woman, as the form most beautiful on earth; and this he chained to a vault, or otherwise represented under circumstances of intense gloom. In this way he blended the actual and the ideal in his poetry.

“My love, she sleeps! Oh, may her sleep  
As it is lasting so be deep!  
Soft may the worms about her creep!  
Far in the forest dim and old,  
For her may some tall vault unfold,” &c.

Gloomy gates open to disclose the beautiful statue of Psyche, and sorrow and “dying embers” in the “bleak December,” accompany “the rare and radiant maiden whom the angels name Lenore.”

“Ah! distinctly I remember, it was in the bleak December,  
And each separate, dying ember wrought its ghost upon the floor.  
Eagerly I wished the morrow—vainly I sought to borrow  
From my books surcease of sorrow—sorrow for the lost Lenore—  
For the rare and radiant maiden, whom the angels name Lenore,  
Nameless here for evermore.

As he “nodded, nearly napping, suddenly there came a tapping” at his chamber door; and in steps a “stately raven of the saintly days of yore.” Passionate appeal then is his to this embodiment of utter hopelessness for “respite, respite and nepenthe from the memories of Lenore.”

“‘Prophet!’ said I, ‘thing of evil! prophet still, if bird or devil!  
Whether Tempter sent, or whether tempest toss’d thee here ashore.  
Desolate, yet all undaunted on this desert land enchanted—  
On this home, by horror haunted—tell me truly, I implore—  
Is there—is there balm in Gilead? tell me—tell me I implore!’  
Quoth the raven, ‘Nevermore!’

“‘Prophet!’ said I, ‘thing of evil—prophet still, if bird or devil!  
By that heaven that bends above us—by that God we both adore!  
Tell this soul with sorrow laden, if, within the distant Aidenn,

It shall clasp a sainted maiden whom the angels name Lenore—  
Clasp a rare and radiant maiden, whom the angels name Lenore!  
Quoth the raven, 'Nevermore!'

A notable feature is the absence of anything sensual from Poe's poetry; the beautiful is as chaste as a statue; it is not Venus, "not even a lissome Vivien," but Psyche—always Psyche from the regions which are Holy Land. And this pure passion for the beautiful, so much above earth in its aspiration, which was inherent in him, would but tend, being rudely crushed, to increase his degradation, and to aggravate his remorse. Unhappily endowed being, probably few people have lived upon this earth as miserable as was Edgar Poe.

The genius of Poe lies in his keen sentiment of the beautiful; therein had he a glimpse into that "mystery of the universe, what Goëthe calls 'the open secret;'" the possession of a faculty of insight into which, on one aspect or another, is necessary to constitute a man of genius. Dr. Johnson has said—"As among the works of nature no man can properly call a river deep or a mountain high, without the knowledge of many mountains and many rivers; so in the production of genius nothing can be styled excellent till it has been compared with other works of the same kind." But in adopting such a canon of criticism, it behoves us to be very careful that we do compare things of the same kind. It does not follow most certainly that, because we attribute genius to a man, we are justified in dragging forward his production and comparing it with that of any other man of genius, and, forthwith, being disappointed by the comparison, pronouncing him inferior. As well might we compare the lilac of the garden with the banyan of the forest. There are men of genius belonging, so to say, to different species, as well as trees of different species; and in the one case as well as in the other, one may be beautiful and pleasing to look at, and another mighty and useful to profit from. Heaven sends us both, and finds it not good to give to the laburnum the branches of the gnarled and knotted oak. The poet, the prophet, and the philosopher, the man of genius in any shape do, indeed, at bottom see but the same thing, and that what Fichte calls "the Divine idea which lies at the bottom of

all appearance ;" but they see it in different aspects. The poet sees the beautiful in it, the philosopher the true, and the prophet the good ; and yet the beautiful, the true, and the good are all aspects of one and the same. No man has genius who possesses not the faculty of seeing this in one form or another ; he may have talent, but talent dies with him. In his sympathy with the beautiful lies what of genius Edgar Poe had ; for we say nothing of the beauty of his language and of his melody here ; no other insight had he. His sorrow is nothing more than a morning headache after a night of intemperance, and his view of man's life and destiny upon earth is nothing more than a perverted vision—by reason of which he was incapacitated from seeing ought but the "tragedy man."

" And much of madness, and more of sin,  
And horror the soul of the plot."

The question might arise for us at this stage, as to what view Edgar Poe entertained of man in the universe ; but, unhappily, as we have said, he does not appear to have been capable of any serious or comprehensive view at all ; merely felt that he was a very miserable creature with acute sensibility, and strong aspiration for something beautiful, for which he could by no means find satisfaction. In the conduct of his life, he made the important mistake of supposing that happiness was attainable by self-indulgence, instead of by self-denial, and acted accordingly. He sought his own pleasure, and never dreamed that the object of a man's life might be the happiness of others, and therein the greatest happiness to himself. So he flung down the dice with a deeper and deeper stake on each occasion, and lost more and more peace of mind, until he thought that the dice must be loaded, that a conspiracy existed against him on the part of society, and deemed the earth to be a "damned earth." And he poured forth his anger and his hatred together, with his sorrow for his lost love, and his blasted hopes, thus:—

" Ah, broken is the golden bowl ! the spirit flown forever !  
Let the bell toll ! a saintly soul floats on the Stygian river ;  
And Guy de Vere, hast *thou* no tear ;—weep now or never more !  
See on yon drear and rigid bier low lies thy love, Lenore !

Come ! let the burial rite be read—the funeral song be sung !—  
 An anthem for the queenliest dead that ever died so young—  
 A dirge for her the doubly dead, in that she died so young.

\* \* \* \*

“Avaunt ! to-night my heart is light—no dirge will I upraise,  
 “But waft the angel on her flight with psalm of old days !  
 “Let *no* bell toll ! lest her sweet soul, amid its hallowed mirth,  
 “Should catch the note as it doth float up from the damned earth.  
 “To friends above from fiends below, the indignant ghost is riven—  
 “From Hell into a high estate far up within the heaven—  
 “From grief and groan, to a golden throne, beside the King of Heaven.”

We wonder not that so weak a mortal, seeing life only through his own morbid soul, could find therein nothing but madness and horror and sin. Better and stronger men have with earnest supplicating cry questioned destiny, to whom it has given but a doubtful reply. Oh, that my existence had been postponed for some thousands of years, might be the prayer, not altogether of a madman ; that it might have been put off till the end was nearer at hand—that I had been born when some reasonable guess might have been made at the final purpose ! Better would it have been than to live now, when desire is so intense yet without satisfaction, to have lived amongst the Titans, with Odin or with Thor ; to have made bricks in Egypt, or to have defended the pass at Thermopylæ. But to be as it is—hemmed in by conventionalities, which are some of them manifestly not of eternity and heaven, but of time and the devil ; madly thirsting after knowledge, but incapable of attaining it—it is difficult indeed to be calm and to steer aright. There is a just need of the rudder of a reasonable faith to enable a man to do so ; a faith in God, rather than the devil, ruling the world. From certain passages in Poe’s writings it might appear, were it legitimate in such way to draw conclusions, that his views were somewhat sceptical ; that he had notable faith only in the “conqueror worm.” “The boundaries which divide life and death,” says he “are at best shadowy and vague. Who shall say where the one ends and the other begins ? We know that there are certain diseases in which occur total cessations of all the apparent functions of vitality, and yet in which these cessations are merely suspensions, properly so called. They are only

temporary pauses in the incomprehensible mechanism; a certain period elapses, and some unseen mysterious principle again sets in motion the magic pinions and the wizard wheels. The silver cord was not forever loosed, nor the golden bowl irreparably broken. But where, meantime, was the soul?" And again in the conversation which the learned Doctor Pononner holds with the resuscitated Egyptian mummy, Count Allamistakeo, the following remarks occur: "But since it is quite clear," resumed the doctor, "that at least five thousand years have elapsed since your entombment, I take it for granted that your histories, at that period, if not your traditions, were sufficiently explicit on that one topic of universal interest, the Creation, which took place, as I presume you are aware, only ten centuries before?" "Sir?" said the Count Allamistakeo. The doctor repeated his remarks; but it was only after much additional explanation, that the foreigner could be made to comprehend them. The latter at length said, hesitatingly, "The ideas you have suggested are to me, I confess, utterly novel. During my time, I never knew any one to entertain so singular a fancy as that the universe (or this world, if you will have it so,) ever had a beginning at all. I remember once, and once only, hearing something remotely hinted, by a man of many speculations, concerning the origin of the human race; and by this individual, the very word *Adam*, (Red Earth) which you make use of, was employed. He employed it, however, in a general sense, with reference to the spontaneous germination from rank soil, (just as a thousand of the lower *genera* of creatures are generated,) the spontaneous germination, I say, of five vast hordes of men, simultaneously upspringing in five distinct and nearly equal divisions of the globe."

Such observations, however, are of no great import, since the character of Poe, as we see it in his writings and in the facts of his life, clearly makes manifest that, whether he were in the "everlasting no," or whether he had arrived at the "centre of indifference," he certainly had not attained to a knowledge of the "everlasting yea." Angry and envious, malignant and cynical, without sense of honor or love of his kind, he was utterly destitute of that faculty of reason-



able insight, by which a man sees in human life something more than what is weak, sinful, and contemptible. If a man determine to reject all creeds and dogmas, yet, if he have any power of vision, must he surely discover "eternal veracities" in the heaven, in the earth, and all that therein is; *feel* them as they are traced by the finger of Omnipotence day by day in his own moral experience. The highest development of scepticism can in the end, but arrive at this conclusion, that sin is ignorance; and if a man have the capability of knowledge in him, is he not responsible for such ignorance? If, however, he grasp at the present, forgetting the eternal, and hope to find pleasure or satisfaction in the fleeting things of time, he may say with Edgar Poe, dubiously and despairingly,

" I stand amid the roar  
Of a surf-tormented shore  
And I hold within my hand  
Grains of the golden sand—  
How few! Yet how they creep  
Through my fingers to the deep,  
While I weep, while I weep!  
O God! Can I not grasp  
Them with a tighter clasp?  
O God! Can I not save  
*One* from the pitiless wave?  
Is *all* that we see or seem  
But a dream within a dream?

There are many melancholy spectacles in the world, but, perhaps, none more melancholy and more pitiable than that of a man of genius howling out in his own weakness; a Byron shrieking curses to the listening stars; or a Poe doing evil, and angrily damning the punishment thereof. If a brave man struggling with adversity be a sight pleasing to the gods, surely the angels may weep over such a spectacle; for,

"Hell rising from a thousand thrones  
Shall do it reverence."

There appears no further possibility of "explaining" Edgar Poe. We must accept the facts of his life, and in them we can only see the result of a fundamental constitutional fact, and an unhappy col-

location of circumstances. It seemeth good to the Ruler of the spheres to embody in human form now and then the various vices and weaknesses to which human nature is liable, and by the erratic and unhappy course thereof, to "teach the nations wisdom and the people understanding." It behoves us to look on, "more in sorrow than in anger;" rather than to curse, to pray with the Arabian philosopher, "O God! be kind to the wicked; to the good thou hast already been sufficiently kind, in making them good."

Alas! it is exceedingly difficult to accept calmly such an anomalous being as Edgar Poe. Is no explanation of him possible? Is the tragedy played out with no unity preserved therein? For the present it is; but the time will surely come, when Edgar Poe may be proved to have been legitimate, and no otherwise possible. Meanwhile the curtain falls.

"Out—out are the lights—out all!  
And over each quivering form,  
The curtain, a funeral pall,  
Comes down with the rush of a storm,  
And the angels all pallid and wan,  
Uprising, unveiling, affirm  
That the play is the tragedy, 'Man,'  
And its hero, the Conqueror Worm."

## BIBLIOGRAPHICAL.

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*Traité des Maladies Mentales.* Par le Docteur B. A. MOREL, Médecin en chef de L'Asile des Aliénés de St. Yon, (Seine Inférieure) etc. Paris: 1860.

THE work whose title we have given above is a closely printed octavo volume of 840 pages, and is designed by the author principally for the use of medical practitioners not specially engaged in the care and treatment of the insane. Dr. Morel is well known as the author of a treatise "On Degenerate Types of Man," in which he attempts to show that the human race constantly tends to deteriorate under the influence of the thousand adverse circumstances by which it is surrounded, and that under the continued action of these adverse influences, certain forms of degeneracy which, according to his view, are nothing else than "morbid deviations from the normal type of humanity," are gradually established. These forms of degeneracy all have their peculiar characters, impressed upon them by the action of the causes which have produced them, and tend, under the continued action of the same causes, to deviate more and more from the normal type, and to be perpetuated and aggravated by hereditary transmission.

Such is the dominant idea of the treatise on Degenerate Types, which has induced the author to create in the human species different morbid varieties, which, under the influence of the same causes of degeneracy, take on fixed pathognomonic characters, manifested in the intellectual, physical, and moral being. These he denominates the *fixed*, *immutable*, and *essential* characters which ought to serve as the basis of a classification of mental disorders, and which it is absolutely necessary to distinguish from those which may more properly be considered as accessory or accidental.

The present work is the result of the application of the doctrine

of degenerate types to the study of mental disorders, in regard to which the author considers the principle fully established : 1st, "that when this disease (insanity) is the result of morbid phenomena transmitted by heredity, it constitutes a true condition of degeneracy ; and, 2nd, that when it occurs primarily, there is every reason to fear that, in the generations following, it will also be manifested in the deterioration of the offspring, and, finally, by the extinction of the family."

In addition to the action of hereditary transmission in producing that form of degeneracy of which insanity is the result, the author has shown "that the influence of soil, climate, and hygiene, and of certain localities, such as those of densely populated towns, and of depraved habits, such as intemperance, may, either alone or in connexion with heredity, originate morbid types, presenting perfectly distinct characters of the moral and intellectual as well as of the physical order." The last he designates as the external, physical signs, the *stigmata* of heredity. They are presented under the form of unsymmetrical crania, deformities of the ears, diminutive stature, want of development of the reproductive organs, and various congenital defects and deformities, such as club-foot, strabismus, rachitis, etc. In regard to hereditary mental disorders, he expresses the following views :—

"In observing the connexion and reciprocal dependence of the morbid phenomena transmissible by heredity, I have been induced to create the great and important class of hereditary insanity. I have proved that from the slightest eccentricity of conduct, from the slightest disorder of the moral sensibility, designated by the name of moral insanity, (*manie raisonnée*) down to those states known as imbecility, idiocy, and cretinism, there exist different degrees of one and the same affection. The observation of cases of morbid heredity has convinced me that these different degrees constitute distinct classes, the individuals composing which are the natural representatives of pathological phenomena transmitted hereditarily."—(p. 4.)

The classification of insanity proposed by Dr. Morel differs from all those that have preceded it, in being based upon the etiology of the disease, and the fixed and intimate connexion that exists between the nature of the cause and the character of the symptoms produced. The different forms of insanity entering into this classification "all

have their characters peculiar to each, their course is well marked, and their prognosis invariable. The insane delusions and conduct differ in each of these forms, which are all distinguished by the diversity of curative indications, and by the variety of pathological lesions." As the author's views on the subject of insanity generally are embodied in this classification, we cannot give a better idea of the character of the work than by the following synopsis, in which we follow nearly the author's own language :—

FIRST GROUP : HEREDITARY MENTAL DISORDERS.

This group is divided into four classes.

The first class includes a large number of persons in whom the nervous temperament, by virtue of numerous hereditary transmissions, is congenital. These persons are more liable than others to become insane. They readily become delirious under various circumstances, and the neuropathic conditions transmitted by heredity, subject them to attacks of insanity from apparently the most trifling causes.

In the second class, insanity is manifested rather by the actions than by the language. The patients composing it are noted for their eccentricities and incoherence, for the irregularity and often for the gross immorality of their conduct. Certain remarkable intellectual qualities do not redeem them from the impossibility of directing their energies to any thing useful. Their inventions are few, and are seldom productive of any result. Their genius is one-sided, and, in spite of occasional brilliant efforts, they are smitten with intellectual and sometimes with physical sterility. In this class are placed a multitude of visionaries, of reformers and utopians of all kinds, of inventors whose discoveries are impossible of application, or who pursue the verification of problems incapable of solution. The dangerous acts which they commit in their paroxysms of madness, often call for the interference of the law, which orders their sequestration. Their attacks of mania are of short duration, and in the intervals they retain the essential characters of their malady, systematic delirium, (*delire systematique*) and ambitious tendencies, with the ab-

sence of general paralysis ; and they astonish superficial observers by the apparent integrity of their reasoning powers, (*manic raisonnée*, moral insanity of the English). In regard to their physiological functions no less striking anomalies may be remarked. To extreme nervous irritability, and a tendency to become insane from very slight causes, they join a special aptitude for excesses of all kinds, such as prolonged vigils, abstinence from food, and unbridled sexual excesses. The signs of degeneracy are most commonly manifested in these patients by irregularities in the conformation of the cranium, and by anomalies in the generative functions. It has been observed that they are sometimes sterile, and that in all cases their offspring are feeble, and frequently die young. They show their genital incapacity by affecting passions impossible to realize, and sometimes, also, by the deprivation of their natural instincts.

The third class forms the transition between patients of the second category, and those who are placed in the lowest scale of physical degeneracy, and who are commonly known as *simple-minded, imbecile, or idiotic*. Among the insane of the third class, the signs of hereditary transmission are manifested from the earliest infancy, by their intellectual dullness, and by the excessive depravity of their moral tendencies. They learn with difficulty and forget quickly. Sometimes, however, they manifest special dispositions for the arts, but they want absolutely the power of co-ordinating their ideas. Their innate tendencies to evil have given to their disease the name of *instinctive mania*. Arson, theft, dissipation, and every proclivity to all kinds of vice, form the sad inventory of their moral existence, and these unhappy beings, who seem to have been formed with a view to neither physical nor moral perfection, and who are in consequence the most complete representation of evil hereditary influences, furnish a large portion of the population of prisons and reformatory institutions for youth.

The signs of physical degeneracy, such as faulty conformation of the cranium, diminutive stature, sterility, or, in most cases at least, difficulty of propagating their species, are more evident in patients of this class than in those of the preceding.



The fourth class comprises the simple-minded, the imbecile, and the idiotic.

It has been hitherto the general custom to comprise under these names the degraded beings whose place is well defined in the great family of degenerate types. Not that all their depraved tendencies are acquired by hereditary transmission ; in other words, it cannot be stated without some limitation, that the vices and intemperance of the parents, and that which the author has termed the double entailment of physical and moral degradation, determine exclusively the intellectual, physical, and moral condition of the class now under consideration. Morbid conditions of the fourth class are sometimes connected with hereditary transmission through ties which the parents have unwillingly formed. It has been seen in fact that morbid conditions unknown to the parents, fright experienced by the mother during her pregnancy, poverty, insufficient nourishment, convulsions during infancy, blows upon the head, and other mechanical injuries, may produce the unhappy and often irremediable condition of patients of this class. However this may be, if these patients are compared with other cases of hereditary insanity, the distinctive characters are strongly marked. Deprived alike of all intellectual spontaneity, they present considerable differences in their moral development. If there are some in whom the knowledge of the difference between right and wrong may be admitted, the greater number are completely passive, and irresponsible in the highest acceptance of the term.

Finally, individuals of the last category have a typical expression, which is the most satisfactory proof of the existence of morbid varieties of the human species.

#### SECOND GROUP : INSANITY CAUSED BY INTOXICATION.

The forms of insanity produced by various poisonous agencies, are divided into three classes.

The first class includes those forms which are caused by narcotics employed for procuring factitious sensations. When narcotics, such as alcohol and opium, which the customs of different nations have

sanctioned for procuring factitious sensations, are habitually used, there result special forms of aberration, and the precise lesions of the nervous system present, in the end, the same characters in all persons exposed to the same cause. The children, moreover, who are born in certain conditions of chronic alcoholism of the parents, present the characters of degenerate types. Other substances, such as lead, phosphorus, and mercury, may be studied from the same point of view. The continued exposure to the influence of these different substances, acts injuriously on the nervous system, alters the constitution, gives rise to special mental disorders, and is productive of fatal results, such as convulsions and paralysis.

The second class is that of cases caused by insufficient or unwholesome food. When the general conditions of alimentation are changed, and when the substances which form its basis are spoiled, aberrations from the healthy standard are observed, which are manifested, in the first place, under the form of progressive mental deficiency, and the deterioration of the people; and, in the second, under that of special nervous disorders, delusions, hallucinations, and tendency to suicide. The different nervous epidemics which have prevailed in times past under the names of ergotism, St. Anthony's fire, (*mal des ardents*) &c., are owing to these causes, and it is probable that pellagra, which is characterized by cachexia, and extreme depression of the digestive and nutritive functions, is due to causes of the same nature.

The third class is connected with malarious influences, and the geological formation of the soil. The ill health of persons living in marshy situations, their premature old age, the diseases to which they are subject, and which frequently prove fatal, are at the present day well known. The effects produced by other conditions of the soil—effects to which other degenerate types may be attributed, such as cretinism for example—are perhaps not so generally appreciated. This is an affection in fact which impresses its subjects with a special, typical character, which fixes a distinct line of demarcation between cretinism and other degenerate types, such as imbecility and idiocy, and which, as has been seen already, are rather owing to he-

editary transmission than to the special influences of a locality where an endemic cause of degeneracy exists.

THIRD GROUP: INSANITY CAUSED BY THE TRANSFORMATION OF CERTAIN NEUROSES; HYSTERICAL, EPILEPTIC, HYPOCHONDRIACAL INSANITY.

The first class is that of hysterical insanity. This form of insanity presents the most characteristic aberrations in respect of the temperament of the hysterical and special disorders of the affective faculties among this class of patients, as well as pathological changes which are wrought in them. The highest excitement may be followed by the most extreme depression. Hallucinations and disordered sensations, extravagant delusions, rapid transitions from one nervous state to another, extraordinary remissions with apparent return of reason in some cases, tendency to suicide, to arson and all kinds of evil conduct in other phases of the malady, and, finally, deplorable conditions, in which human nature is seen under its most degraded aspects, form the principal characters of the transformation of a neurosis, which a German writer has aptly named *neuropathia psychica sexualis*. It must be remarked, that in this form of insanity the ordinary symptoms which are observed in hysteria proper have disappeared. Ecstasy, catalepsy, anæsthesia, paraplegia, and the whole train of nervous disorders which usually accompany hysteria, are absent. Hysterical insanity is a transformed neurosis, in the most rigorous sense; but the symptoms of this form of insanity are so characteristic, that the profession will readily accept this special form, which allows their natural place to be assigned to these affections which, neither in a pathological nor medico-legal point of view, have found their place in the ordinary classification of mental diseases.

The second class is that of epileptic insanity. The maniacal fury to which epileptic attacks in some cases give rise, the character of the hallucinations of these patients, the suddenness of their acts of aggression, the exaltation of the religious sentiment in some instances, render epileptic insanity one of the most serious and dangerous in the

catalogue of mental disorders. Epileptic insanity also stamps upon the neurosis from which it is derived its characters of periodicity, of acuteness and of remission, and its termination is generally fatal.

Hypochondriacal insanity constitutes the third class of the group of transformed neuroses, and is divided into three varieties.

The first variety is simple hypochondriasis. In this class individuals are included who, occupied almost exclusively with the subject of their physical health, constitute that numerous class of patients who become the torment of their physicians, but who can not still be considered as insane. It is, nevertheless, in this category that persons are found who, while in the fulfillment of their ordinary social duties, or occupying important positions, begin to make themselves remarked for their oddities and singularities, and by habits which are at variance with their former way of life, and with common usage. In this class will be found eccentric and discontented characters, who have in consequence of their suffering condition acquired the disposition to isolate themselves, and adopt singular habits. The infinite variety of characters in modern society, which are easily understood when differences of manners and of habits, and the various aims of life and degrees of civilization are considered, establish differences in this respect, the philosophical study of which comprehends numerous types. The only point which they have in common is, how far disease is capable of uniting so many different forms in one single type, recognizable by the tendencies of individuals, and by the similar morbid changes through which they pass. Another important consideration, is the powerful hereditary transmission of this neurosis. Not that the children of hypochondriacs shall be attacked by precisely the same affection, but a congenital tendency may be remarked which shall ultimately be manifested, sometimes by intellectual feebleness, sometimes by melancholiac tendencies, which contain the germ of the insanity of persecution (*delire des persecutions*), the second variety of the class under consideration.

The transition to the second variety is indicated by that singular mental condition, in which the patients seem to be less occupied about their physical health than with concerns of a higher order, their

honor, their reputation, and whatever belongs to the dearest interests of life. The "insane by persecution," constitute a numerous class of mental maladies, and the dangerous acts which they sometimes commit are in correspondence with the state of suffering which they endure. Under this head special forms of homicides and suicides, and madmen of the most dangerous description are classed. Patients of this variety, having all the outward appearance of reason, have been known to commit the most incredible acts, such as theft, arson, or homicide, with the single object of attracting public attention, and thus obtaining that justice which, in their insane delusions, they pretend has been denied them.

When the disease tends to a fatal termination a no less extraordinary change supervenes in the ideas and sentiments of the "insane by persecution," which constitutes a third variety of this form of insanity. Patients have been met with who, after passing through the various phases of "insanity by persecution," under the influence of new organic modifications, believe themselves called to fulfill a great destiny, and to act a part for which they are fitted neither by their education nor by their intellect. It has been said that these symptoms indicate a fatal termination, but this prognosis is not invariable.

#### FOURTH GROUP: IDIOPATHIC INSANITY.

As the brain is liable to be affected by sympathy with various disorders of the circulatory, digestive, and respiratory systems, and with troubles in the different physiological functions, such as menstruation, pregnancy, childbed, lactation, etc., so it is also subject to diseases and injuries of its own structure, which unfit it for the proper performance of its functions, and give rise to various disordered manifestations, and different degrees of intellectual impairment. These are periodic congestion, hemorrhage, meningitis, softening, atrophy, wounds, blows, falls, etc. The mental disorders and impairment which result from these various lesions constitute the fourth group, which is divided into two classes.

The first class is that of progressive impairment or extinction of



the intellectual faculties, the consequence of chronic diseases of the brain or of its membranes. If cerebral congestions or hemorrhage, or the other lesions which have been mentioned, may give rise to acute mania, it is also the case, generally, that chronic conditions of the same affections bring on a state of dementia, which presents no evidence of any special mental disturbance; the principal symptoms being a progressive impairment of the reasoning powers, with loss of memory and of the affective faculties, in a word, the supremacy of the vegetative life over the life of relation.

The author considers it an error which some nosologists have committed, to exclude all these conditions from the catalogue of mental disorders, for the reason that the delusions and insane impulses which are commonly met with in ordinary insanity are wanting. But the dementia of these cases, though divested of all remains of excitement and insane delusions, in the origin of the disorder was preceded by acute symptoms with disturbance of the intellect, and it is not in accordance with the principles of correct classification to separate the terminative from the primitive forms of a disease.

The second class includes general paralysis, paralytic insanity with predominance of delusions of grandeur.

The determining causes of this affection, as Dr. Parchappe has justly observed, are of the number of those which provoke a powerful and continued over-excitement of the brain; such as sensual excesses, especially the use of alcoholic drinks, of good cheer, and of venereal indulgences; and of intellectual excesses, represented by prolonged vigils, by the anxieties of business, of hazardous speculations, and of unrequited labor. But to obtain a correct idea of this disease, so well characterized by the nature of the ambitious mania, it is highly necessary, after having studied the intimate relations which exist between the form of insanity and the nature of its cause, to consider the element of the cerebral lesion. In paralytic insanity the lesion, which is nothing less than inflammatory softening of the cortical layer of both cerebral hemispheres, gives to the disease its peculiar character, and renders it certainly one of the best characterized diseases in the catalogue of mental maladies.



## FIFTH GROUP : INSANITY BY SYMPATHY.

This group includes all those cases in which insanity results from sympathy of the organ of thought with irritation or diseased action in some other portion of the system ; as examples of which the author instances affections of the heart and lungs, verminous affections, suppressed menstruation, uterine irritation, &c. Insanity arising from these causes is not divided into classes according to the nature and locality of the primary disease which excites the sympathetic action of the brain, for the reason that the mental disorder frequently remains as an independent affection after the cessation of the original disorder which called it into existence, and consequently enters of its own right into one of the divisions of the general classification of mental disorders, "according to which, as experience proves, the persistence of the mental disorder depends upon one of the *radical, essential causes*, which have been designated under the names of hereditary predisposition, neurosis, intoxication, idiopathic affections of the brain, etc., and which impose upon all who have been subjected to their action common characters, recognizable by external and internal signs."

## SIXTH GROUP : DEMENTIA.

The author thinks best to retain this designation, because it is sanctioned by legislation, though in a different sense from that in which it is used in medicine. Dementia is not properly a primitive form, it is rather a terminal state ; but since it happens that dementia, whatever may have been the primitive form of the mental disorder, constitutes a numerous family, the members of which all have a common character and are recognized by well known, internal and external signs, he thinks that the order and method which he seeks to establish in the study of mental disorders, will suffer nothing by a classification which makes of dementia so important a form of insanity.

In regard to the use of the terms mania and melancholia, to designate primitive forms of insanity, the author considers mania (excitement) and melancholia (depression) merely as symptoms, which are

common to all varieties, and which, therefore, cannot be entitled to rank as essential forms of the disease. Further than this he does not object to these designations, which he says ought to be preserved.

“The words ‘maniacal excitement,’ ‘melancholic depression,’ ‘mania,’ ‘melancholia,’ are frequently formed under my pen when I am engaged in describing the different phases of this or that form of insanity, entering into the classification which I have adopted, but once more I would remark, these symptoms are only transitory phenomena, which commonly alternate with each other. Thus whenever I employ the words mania, melancholia, it will be understood that I merely refer to certain phases of mental disorder, in which the symptoms of excitement or depression are predominant. I do not mean to indicate by their use special forms of insanity. I only describe one of the symptoms of a determinate form of mental disorder.”

In regard to the character of the work under notice, we do not hesitate to express our conviction that the profession owes a lasting debt of gratitude to Dr. Morel, for the manner in which he has set forth and maintained his views upon the subject of insanity. We believe that all the classifications of mental disorders which have thus far been presented, have proved unsatisfactory from the fact that they have been based too exclusively on mental states, on the extent to which the mind has appeared to be disordered in its thinking or affective faculties, or on the particular propensity which has manifested a morbid activity. While our attention has been so much given to the mental manifestations, we have acted too much as though we regarded insanity as a disease of the mind itself, and, in our nomenclature of the disease, have treated the physical conditions accompanying it as almost of no account. While we have really looked upon the mental disorder as only symptomatic, and a vast amount of labor and research have been expended in endeavors to ascertain the precise lesion of the organ of thought to which it ought to be attributed, it has never occurred, we believe, to any pathologist before Dr. Morel, to seek for degenerate or defective conditions in other portions of the animal structures with which insanity might be associated, and which might serve, in connection with the

mental phenomena, as a basis of classification. That the mental manifestations, especially those of excitement and depression, are insufficient as the basis of a correct classification of mental disorders, is sufficiently evident, from the fact that they are essentially wanting in the elements of permanency and fixedness, that they frequently alternate with each other in the course of the disease, and that they have no connection with any definite pathological lesions, or permanent physical condition. The classification proposed by Dr. Morel, on the other hand, has this advantage; that each of the varieties which he makes of mental disorders, is based upon well defined and permanent mental states, which are always found in connection with certain conditions of the physical organism, and can always be traced to causes which differ in the different forms, but are always identical in the same morbid variety. It also has the merit of doing away with the confusion which has been introduced into the nomenclature of insanity by the use of such terms as pyromania, kleptomania, dipsomania, &c., which, by bringing into prominence a single symptom, have caused others of equal or greater importance to be overlooked, and have thus given erroneous ideas of the nature of the cases to which these names have been applied. It assigns a definite position to certain obscure and scarcely recognized forms of mental disorder, accompanied by depraved moral tendencies in early life, and by showing that they are connected with states of physical degeneracy, and are due to causes that can be readily traced, gives them a status which has not heretofore been accorded them.

We believe that the doctrine which teaches that necessary and intimate connection between the character of mental disorders and the nature of the producing cause, is entirely original with the author. Such a doctrine, it seems to us, tends to give clearer views of the nature of insanity itself, and of the means to be employed in its curative, and especially in its preventive treatment, and we cannot too earnestly recommend Dr. Morel's treatise, together with the views it inculcates, to the attention of all who are interested in the subject of insanity.

*On Obscure Diseases of the Brain and Disorders of the Mind : their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis.* By FORBES WINSLOW, M. D., D. C. L., OXON, &c., &c. London : John Churchill. 1860.

IT is a most striking fact, and one not easy of explanation, that, as compared with other divisions of medical science, the field of cerebro-mental disorders has not received that general and thorough investigation which its importance demands. If this has been supposed to justify the publication of any however insignificant contribution to the knowledge of mental disease, how much the more shall we welcome the appearance of a treatise like the present. Ranking among the first medical philosophers of the age, a scholar of extensive research and original investigation, famous as a lecturer and writer upon mental and legal medicine, and of large experience in the treatment of cerebral disorders, it is indeed fit that Dr. Winslow should seek, as an author, to give a permanent form to the various accumulations of an extended career. We can, at least partially, comprehend the peculiar difficulties of such an undertaking, in the department which we are considering. Here credible experience has not yet taken shape in the form of accepted theories, and it needs constantly to be invoked and presented anew. Pertinent and reliable facts have still to be sifted from the crude mass of general statements, and no real progress can be made except under the combined light of all that the history of mental medicine will afford. Thus it does not surprise us that before the main results of such a task are presented, a volume should be devoted to the setting forth of the various sources, in logic or in fact, of the principles and practical deductions afterward to be given. Through such an antepast the student will be better prepared to assimilate the rich provision which is to follow. He will in this way approach the abstruse questions of psychology with whatever can be communicated of the author's wealth of learning and experience.

Considerations like these, we may suppose, have determined the preparation of the present volume. It is in fact an introduction to two elaborate works, dividing between them the entire field of cerebro-mental disorder, which are soon to be published. One of these will treat of "Organic Affections of the Brain;" the other of "Disorders of the Intelligence, Cerebro-Psychical in their nature." This explanation is of course a sufficient apology offered for "the somewhat cursory manner" in which the more practical bearings of the subject are presented. It will also serve to excuse a diffusive style, and an irregular method.

The reader is first invited to consider the various "morbid phenomena of intelligence," as they are displayed in the incipient, and in the several succeeding stages of mental disease. At the outset of this examination some speculations concerning the nature and limitation of insanity are indulged in, but there is no attempt to answer the questions raised. The object is chiefly to illustrate this branch of the subject by the detail and analysis of typical cases. That any satisfactory final result can be obtained by this method is not to be expected, but, under proper conditions, no doubt the symptomatology of insanity may be studied with much advantage. These conditions, however, from the very nature of the disorder, it is not easy to secure. Fragments of cases leaving out altogether important classes of facts, and wonderful histories in the form of autobiography or romance, are indeed freely communicated; but no large number of representative cases, which shall be at once complete and reliable, can be collected without the greatest difficulty. The success with which this task has been performed in the present volume must, we think, be considered creditable, even to the extensive literary research and acute critical knowledge of Dr. Winslow. At least three-fourths of the book are made up of these histories, drawn from the most various sources, yet carefully chosen to illustrate every form and symptom of mental disorder. Many of these, of course, are not new to the specialist, but they are not the less valuable in their place. Some are more lengthy than might be desired, for their purpose. In a few certain particulars, naturally inferred from the general facts of the case, have been incor-

rectly stated. An instance of this is found in a specimen of verse, quoted in a foot-note\* to exhibit a power of elevated and sustained thought in the mind of one "confined in the State Asylum, Utica, U. S. A.;" and which is considered "interesting as proceeding from the pen of a man in an unquestionable state of mental derangement." The case was that of a thoroughly depraved drunkard, who had never been insane, and the lines, idly and carelessly composed, are quite unworthy of the really gifted and cultivated mind of the writer.

After exhibiting the premonitory symptoms of insanity, the mental condition during the attack, and, finally, the stage of convalescence, by the histories and autobiographies of patients, the subject is again presented from a different point of view. The stages of consciousness, of exaltation, of depression, of aberration, and of mental impairment, are separately considered, and illustrated by numerous cases.

Dr. Winslow takes every proper occasion here, as elsewhere in his writings, to rebuke that unrestricted use of the term insanity, which would make it cover almost every manifestation of a vicious nature. His labors have been so eminent and so successful in legal medicine, that we shall best serve our readers by quoting at length upon this point :—

"In the ordinary practice of medicine we occasionally meet with cases of *bodily* disease which are at variance with past experience and *à priori* notions, set at defiance preconceived views of morbid *physical* phenomena, resist every attempt to embody them within the *nosological* chart, and repudiate all reduction to any of the acknowledged orthodox, pathological standards or tests. These affections are anomalous or *pseudo* in their character, are with difficulty defined, not easily diagnosed, occasionally altogether escape observation, and often resist, too successfully, the operation of the best-directed remedial measures.

"If, among the diseases more particularly implicating the ordinary organic functions, we witness these pseudo or eccentric deviations from the recognized pathological character, *à fortiori*, are we not justified in anticipating that in the subtle, complicated, varied, and often obscure affections of the cerebral structure, deranging the operations of thought, we should have brought within the sphere of our

\* See page 31.



observation extraordinary, anomalous, and eccentric deviations from certain predetermined, morbid, cerebral, and psychical conditions?

"I presume it to be a generally admitted axiom that the mind may be *disordered* without being *insane*, using this phrase in its strictly legal acceptance. These conditions of morbid intellect may be considered by some as only degrees of *insanity*; but I would suggest that this term be restricted to those mental disorders, accompanied with positive loss of control, clearly justifying the exercise of moral restraint, and to those morbid conditions of the intellect which sanction an appeal to the protective influence of the law. In other words, I would confine my remarks to those cases in which the mind may be said to be *pathologically* disordered, but not invariably *legally* insane.

"Have we in practice sufficiently appreciated this distinction? Fearful of committing ourselves to an opinion that might authorize an interference with the free agency of the patient, and justify the use of legal restraint, there has existed an indisposition to admit the presence of positive mental disorder, even in cases where it has been obviously and painfully apparent. This excessive caution—originating in motives that do honor to human nature—has often, I fear, been productive of serious, fatal, and irremediable mischief.

"The subject under consideration is one, I readily admit, of extreme delicacy, but, nevertheless, of incalculable importance to all sections of the community. It is, I admit, beset with difficulties and surrounded by dangers. In the hands of the inexperienced, the ignorant, indiscreet, and the wilfully designing, the facts that I have to record, and principles which I am about to enunciate, might be productive of much mischief; but, I ask, ought any apprehensions of this nature to deter the philosopher from entering upon so important an inquiry?

"The subject of latent and unrecognized morbid mind is yet in its infancy. It may be said to occupy, at present, untrodden and almost untouched ground. What a vast field is here presented to the truth-seeking observer, who, to a practical knowledge of human nature, adds an acquaintance with the higher departments of mental and moral philosophy, as well as of cerebral pathology. How much of the bitterness, misery, and wretchedness so often witnessed in the bosom of families arises from concealed and undetected mental alienation! How often do we witness ruin, beggary, disgrace, and death result from such unrecognized morbid mental conditions! It is the canker worm gnawing at the vitals, and undermining the happiness of many a domestic hearth. Can nothing be done to arrest the fearful progress of this moral avalanche, or arrest the course of the rapid current that is hurling so many to ruin and destruction?

"This type of morbid mental disorder exists to a frightful extent in real life. It is unhappily on the increase, and it therefore behoves

the members of the medical profession, as guardians of the public health, as philosophers engaged in the loftiest and most ennobling of human inquiries, as practical physicians called upon to unravel the mysterious and complicated phenomena of disease, and administer relief to human suffering, fearlessly to grapple with an evil which is sapping the happiness of families, and to exert their utmost ability to disseminate sound principles of pathology and therapeutics upon a matter so intimately associated and so closely interwoven with the mental and social well-being of the human race.

"These unrecognized morbid conditions most frequently implicate the *affections, propensities, appetites, and moral sense*. In many instances it is difficult to distinguish between normal or healthy mental irregularities of thought, passion, appetite, and those deviations from natural conditions of the intellect, both in its intellectual and moral manifestations, clearly bringing those so affected within the legitimate domain of pathology. Are there any unailing diagnostic symptoms by means of which we may detect these *pseudo-forms* of mental disorder with sufficient exactness, precision, and distinctness to justify the conclusion that they result from diseased cerebral conditions? This question it will be my duty to consider. The phases of mind of which I speak are necessarily obscure, and, unlike the ordinary cases of mental aberration of every-day occurrence, they frequently manifest themselves in either an exalted, depressed, or vitiated state of the moral faculties. The disorder frequently assumes the character of a mere exaggeration of some single predominant passion, appetite, or emotion, and so often resembles, in its prominent features, the natural and healthy actions of thought, either in excess of development or irregular in its operations, that the practised eye of the experienced physician can alone safely pronounce the state to be an abnormal one. I do not refer to ordinary instances of eccentricity, to idiosyncrasies of thought and feeling, or to cases in which the mind appears to be absorbed by some one idea, which exercises an influence over the conduct and thoughts quite disproportionate to its intrinsic value. Neither do I advert to examples of natural irritability, violence, or passion, coarseness and brutality, vicious inclinations, criminal propensities, excessive caprice, or extravagance of conduct, for these conditions of mind may, alas! be the natural and healthy operations of the intellect. These strange phases of the understanding, *bicarrieries* of character, vagaries of the intellect, singularities, irregularities, and oddities of conduct, common to so many who mix in every day life, and pass current in society as healthy-minded persons, present to the moralist and philosophical psychologist many points for grave contemplation and often suspicion. Such natural and normal, although eccentric states of the intellect, do not, however, legitimately come within the province of the *physician* unless they can be clearly demonstrated to be *morbid results*, and

positive and clearly established deviations from cerebral or mental health.

"These forms of unrecognized mental disorder are not always accompanied by any well-marked disturbance of the bodily health demanding medical attention, or any obvious departure from a normal state of thought and conduct such as to justify legal interference; neither do these affections always incapacitate the party from engaging in the ordinary business of life. There may be no appreciable morbid alienation of affection. The wit continues to dazzle, and the repartee has lost none of its brilliancy. The fancy retains its playfulness, the memory its power, the conversation its perfect coherence and rationality. The afflicted person mixes as usual in society, sits at the head of his own table, entertains his guests, goes to the stock-exchange, the counting house or bank, and engages actively in his professional duties, without exhibiting evidence, very conclusive to others, of his actual morbid mental condition. The change may have progressed insidiously and stealthily, having slowly and almost imperceptibly induced important molecular modifications in the delicate vesicular neurine of the brain, ultimately resulting in some aberration of the ideas, alteration of the affections, or perversion of the propensities and instincts.

"The party may be an unrecognized monomaniac, and, acting under the despotic influence of one predominant morbid idea, be bringing destruction upon his home and family. His feelings may be perverted, and affections alienated, thus engendering much concealed misery within the sacred circles of domestic life. His conduct may be brutal to those who have the strongest claims upon his love, kindness, and forbearance, and yet his mental malady be undetected. He may recklessly, and in opposition to the best counsels and most pathetic appeals, squander a fortune, which has been accumulated after many years of active industry and anxious toil. He may become vicious and brutal, a tyrant, a criminal, a drunkard, a suicide, and a spendthrift, as the result of an undoubtedly morbid state of the brain and mind, and yet pass unobserved through life as a sane, rational and healthy man.

"We witness in actual practice all the delicate shades and gradations of such unrecognized and neglected mental alienation. It often occurs that whilst those so affected are able to perform, with praiseworthy propriety, scrupulous probity, and singular exactness, most of the important duties of life, they manifest extraordinary and unreasonable antipathies, dislikes, and suspicions against their dearest relations and kindest friends. So cleverly and successfully is this mask of sanity and mental health sometimes worn; so effectually is all suspicion disarmed, that mental disorder of a dangerous character has been known for years to progress without exciting the slightest notion of its presence, until some sad and terrible catastrophe has

painfully awakened attention to its existence. Persons suffering from latent insanity often affect singularity of dress, gait, conversation, and phraseology. The most trifling circumstances stimulate their excitability. They are martyrs to ungovernable paroxysms of passion, are inflamed to a state of demoniacal furor by insignificant causes, and occasionally lose all sense of delicacy of feeling and sentiment, refinement of manners and conversation. Such manifestations of undetected mental disorder are often seen associated with intellectual and moral qualities of the highest order. Neither rank nor station is free from these sad mental infirmities. Occasionally the malady shows itself in an overbearing disposition. Persons so unhappily disordered, browbeat and bully those over whom they have the power of exercising a little short-lived authority, and, forgetting what is due to station, intelligence, reputation, and character, become within their circumscribed sphere petty tyrants, aping the manners of Eastern despots. They are impulsive in their thoughts, often obstinately, unreasonably, and pertinaciously riveted to the most absurd and outrageous opinions, dogmatic in conversation, and litigious, exhibiting a controversial spirit, and opposing every endeavor made to bring them within the domain of common sense and correct principles of ratiocination. All delicacy and decency of thought are occasionally banished from the mind, so effectually does the spiritual principle in these attacks succumb to the animal instincts and passions.

"The naturally gentle, truthful, retiring, and self-denying, become quarrelsome, cunning, and selfish—the diffident bold—the modest obsecne. We frequently observe these *pseudo*-maniacal conditions giving undue prominence to a particular faculty, or seizing hold of one passion or appetite. Occasionally it manifests itself in a want of veracity, or in a disposition to exaggerate, and tell absurd and motiveless lies. It may show itself in a *disordered volition*, in *morbid imitation*, in an inordinate vaulting ambition, an absorbing lust of praise, an insane craving for notoriety. The disorder occasionally manifests itself in a depressed, exalted, or vitiated state of the reproductive function; in morbid views of Christianity, and is often connected with a profound *anæsthesia* of the moral sense. Many of these sad afflictions are symptomatic of unobserved, and, consequently neglected cerebral conditions, either originating in the brain itself, or produced by sympathy with morbid affections existing in other tissues in close organic relationship with the great nervous centre.

"The majority of these cases will generably be found associated with a constitutional predisposition to insanity and cerebral disease. These morbid conditions are occasionally the sequelæ of febrile attacks, more or less implicating the functions of the brain and nervous system; they also often succeed injuries of the head inflicted in early childhood. Modifications of the malady are unhappily seen

allied with genius. The biographies of Cowper, Burns, Byron, Johnson, Pope, and Haydon, establish, that the best, exalted, and most highly gifted conditions of mind do not escape unseathed. In early childhood, this form of mental disturbance may, in many cases, be detected. To its existence may often be traced the motiveless crimes of the young, as well as much of the unnatural caprice, dullness, stupidity and wickedness often witnessed in early life at our great schools, and national institutions."

The wealth of information in regard to lesions of the intellect presented in this part, our limits oblige us to pass by with the merest reference. It is the most original and interesting portion of the book, and from it we may infer the value of the more methodical treatise to which it is the introduction.

The division comprising the morbid phenomena of motion, sensation, and the special senses, is full of interest, but contains, perhaps, less new matter than that which precedes. It, however, considers critically the latest investigations in cerebral pathology, and is a useful resumé of the subject.

Dr. W. gives great importance to the relations of sleep and insanity. From this part we take the following:—

"There is no symptom, when viewed in relation to the health of the brain and mind, that requires more careful and unremitting attention than that of insomnia, or wakefulness. It is one of the most constant concomitants of some types of incipient brain disease, and in many cases a *certain forerunner of insanity!*

"It is an admitted axiom in medicine, that the brain cannot be in a healthy condition whilst a state of sleeplessness exists. Sound, continuous, unbroken, regular, and uninterrupted sleep are essential to the preservation of the mental and bodily health. Any interference with this important function or state of cerebral rest, seriously damages the health of both body and mind.

"We cannot too zealously guard against, or too anxiously watch for, the first approaches of this characteristic symptom of incipient brain and mental disorder. Persons predisposed to attacks of cerebral disease and morbid affections of the mind, ought never to permit a condition of sleeplessness, or even a state of disturbed and broken rest, to continue for many consecutive nights, without seriously considering their state of bodily, cerebral, and mental health.

"In the premonitory stage of some forms of acute insanity, and particularly of delirium tremens, the patient is in a constant state of sleeplessness by night and restlessness by day. His repose, at first,



is broken and disturbed. He slumbers lightly, and has only snatches of sleep. If asleep, the slightest noise or rattle of the bed-clothes, awakens him; and when aroused *he looks like a person whose eyes had never been closed in sleep!* This is a characteristic and significant symptom of the *insomnia of incipient insanity*.

"In conditions of healthy sleep the vital energy or nerve force is supposed to be reproduced, evolved, or regenerated in the vesicular neurine, and the individual commences his morning's work, whether it be of a mental or muscular character, with a renewed supply of the powers of life or nervous energy, sufficient to carry him successfully through the day's regular and appointed duties; but the partial and unhealthy snatches of repose obtained in certain states of brain disorder do not appear to refresh or invigorate the system. In this condition of cerebral activity, irritability, or disease, the grey matter of the brain is incapable of eliminating normal conditions of *nerve* or *vital* force.

"A state of wakefulness is frequently consequent upon an unduly worked and agitated brain, and is often exhibited by persons of a nervous and excitable temperament, who have been subject to great anxiety, or whose intellects have been overwrought and unduly strained. When addressing himself to the importance of anticipating the first dawnings of the cerebral diseases of children, as well as those of adult age, Dr. Graves observes, 'You will find in patients who are about to have cerebral symptoms a degree of restless anxiety, and a higher degree of energy, than accords with their condition. They either do not sleep at all, or their sleep is broken by startings and incoherent expressions. When a person is spoken to in this state, he answers in a perfectly rational manner; he will declare that he has little or no headache; and were the physician to be led away by a hasty review of his symptoms, would be very likely to overlook the state of the brain. If a close inquiry be made, it will be found, that *the patient scarcely ever sleeps, or even dozes*—that he is irritable, excitable, frequently incoherent, and muttering to himself. Under such circumstances, although there is no remarkable heat of scalp, suffusion of the eye, or headache, the medical attendant must suspect the supervention of cerebral symptoms, particularly about the ninth or tenth day of the fever (for it is generally about this period that cerebral symptoms begin to manifest themselves), and whenever these premonitory indications are observed, the physician should not hesitate to take proper measures to anticipate the evil. In other cases, the encephalic symptoms are ushered in by drowsiness. The patient seems otherwise well, *but he sleeps too much*. About the ninth or tenth day he begins to rave, and exhibits undoubted proofs of congestion and excitement of the brain. To be put on our guard is to be armed in such cases.'\*

\* "Clinical Medicine," by Dr. Graves.



"In some forms of cerebral irritation and capillary congestion the patient feels an intense and overpowering desire to sleep. *He experiences a heavy and drowsy sensation, but is unable to close his eyes in slumber for many minutes.* He often continues for hours in this state of semi-sleeplessness or morbid drowsiness, without actually sleeping or feeling at all refreshed. This condition of the brain, if permitted to continue for any lengthened period, is productive of much, and often fatal, mental and bodily mischief.

"Cases of what may be termed idiopathic sleeplessness occasionally occur, in which the intellect is not (for a period), in the slightest degree disordered. Persons have been known to remain in this state of insomnia for several weeks, *never closing their eyes for five continuous minutes in sleep!* In one female patient the state of sleeplessness arose from a severe shock which she had received, consequent upon finding her husband, in the middle of the night, dead by her side, he having retired to bed apparently in excellent health. In these cases, the patients are seldom heard to complain of the want of sleep; they appear to experience none of the usual sensations of bodily and mental fatigue, physical uneasiness, and discomfort, which follow ordinary states of partial and incomplete repose.

"Persons actively engaged in literary pursuits, and whose occupations absorb a large amount of nervous energy and energetic thought, are subject to conditions of insomnia. It is said that Paganini rarely slept, so entirely was his mind occupied, night and day, in his intense passion for music. Boerhaave is recorded not to have closed his eyes in sleep for a period of *six weeks*, in consequence of his brain being overwrought by intense thought on a profound subject of study.\*

"The insane are capable of sustaining, with apparent impunity and indifference, long-continued conditions of sleeplessness. The case is published of a deranged person who was not known to close his eyes in sleep for the period of *three months!* He was in the habit of walking long distances, greatly excited during the day, and at

\* "The question, how long a person can exist without sleep, is one oftener asked than answered, and the difficulties of answering the question by experiment would seem to leave it forever unsolved. A Chinese merchant had been convicted of murdering his wife, and was sentenced to die by being deprived of sleep. This painful mode of death was carried into execution under the following circumstances:—The condemned was placed in prison under the care of three of the police guard, who relieved each other every alternate hour, and who prevented the prisoner from falling asleep night or day. He thus lived nineteen days without enjoying any sleep. At the commencement of the eighth day his sufferings were so intense that he implored the authorities to grant him the blessed opportunity of being strangled, guillotined, burned to death, drowned, garroted, shot, quartered, blown up with gunpowder, or put to death in any conceivable way which their humanity or ferocity could invent. This will give a slight idea of the horrors of death from want of sleep."—*Semi-Monthly Medical News*. Louisville, 1859.

night he never ceased talking to imaginary persons. No form or dose of opium had any effect upon him. Dr. Wigan had a patient under his care who did not sleep for fifteen days. He was in the habit of getting up in the night, and tiring three horses with galloping, in the vain hope that excessive muscular fatigue might induce a disposition to sleep!

"The pathological state of the brain may account for the condition of sleeplessness so often seen associated with insanity, but in many cases the insomnia connected with mental derangement arises from a complete absorption, abstraction, concentration of the thoughts and pre-occupation of the mind, in some terrible and fearful form of illusion, or frightful type of hallucination, that has firmly seized upon the morbid imagination.

"The snatches of transient repose which those so unhappily afflicted are able to obtain,

'Are not sleep,  
But a continuance of enduring thought.'

The closing chapter of the book, "On the General Principles of Cerebral Pathology, Diagnosis, Treatment, and Prophylaxis," is one of much interest and practical value. It claims to be only a cursory view of the subjects referred to, but is more than an earnest of the learned and exhaustive treatment which will be given them in the volumes which are to follow. After a brief outline of the present state of cerebro-mental pathology, its difficulties and its importance, the general principles of the diagnosis of insanity are referred to as follows:—

"By what general principles is the physician to be guided when attempting accurately to diagnose between mental aberration and those abnormal states of thought, and erratic flights of fancy, which so closely resemble, in many of their modes of manifestation, alienation of reason? Is mental pathology a certain and exact science, and are its *data* so clearly established, and the conclusions deduced therefrom so accurately defined, as to enable the psychological physician to speak with authority and confidence of the actual presence of aberration in every case of suspected or alleged deviation from a healthy standard of intellect?

"Is it possible clearly to discriminate eccentricity, vice, and crime from insanity, or to fully appreciate the precise position of the frontier that marks the boundary between extraordinary departures from ordinary modes of thought and conduct (consistent with sanity and responsibility of mind), and those deviations from states of thinking and action utterly irreconcilable with the hypothesis of mental soundness?

“When does violent and ungovernable passion become symptomatic of psychical disorder, and what extent of brutality, prodigality, cruelty, parsimony, revenge, and jealousy is compatible with intellectual sanity? When does an idea which has acquired an influence over the imagination, obviously incommensurate with its value, cease to be healthy in its character, and become a monomaniacal conception?”

“Admitting the difficulties that undoubtedly surround a solution of these subtle questions, I am, nevertheless, of opinion, that the carefully and cautiously observant, and practically educated physician will encounter no *bonâ fide* impediment in his attempt to diagnose between actual disorder of the mind (insanity) and other states of intellect, emotion, and conduct, generally supposed to be allied to, or confounded with it. The boundary line separating morbid from analogous states of thought, is no doubt occasionally obscure, faint, and shadowy, and cases occur which puzzle and confound the most sagacious and experienced psychologists.

“I have elsewhere spoken of the impossibility of defining insanity, and pointed out briefly not only the rules that should guide the physician when called upon to investigate a subtle and complex case of morbid thought, but the serious error that would be committed if he, whilst making an analysis of such types of alleged mental unsoundness, were to restrict himself to a consideration of the then manifested state of intellect, utterly disregarding the normal psychical development and ordinary modes of thinking and action generally characteristic of the person whose sanity of mind and conduct is under his consideration.

“As a general rule, derangement of mind, whether it consists in a vitiation of the mental, emotional, or moral psychical element, or exhibit itself in actions different from those generally considered to be the effect of a sane, well-governed, and rightly-balanced understanding, ordinarily manifests itself by a marked deviation from natural states of thought, and normal modes of conduct. I have entered at length into an analysis of this subject in a former part of this work, and to the remarks there made I refer the reader.

“There are three affections of the cerebro-spinal system with which insanity is liable to be confounded: viz., 1. A state of depression, or hyperæsthesia of the nervous functions, generally designated nervous disorder; 2. Delirium tremens; 3. Ordinary attacks of congestion of the brain, meningitis, acute and chronic encephalitis.

“It has been propounded as an axiom by a well-known English psychological authority, that all disorders of the nervous system are but *degrees* of insanity. If such a *dictum* were to be universally admitted and generally acted upon, how mischievous and sad would be the consequences! There is a vast amount of nervous derangement, of a very formidable and distressing character, which has no pathological connexion with, or psychical relation to, mental derangement.

"I have detailed in the chapter on the Morbid Phenomena of Conscious Insanity, several illustrations of this type of incipient alienation of thought. But this state of unhealthy apprehension of the approach of insanity very often exists as a *nervous disorder* without being complicated with, or passing into a phase of, mental derangement. I have seen many remarkable examples of the kind in connexion with various forms of acute hysteria.

"There are other affections of the nervous system that resemble in many of their features mental alienation. In such cases there is often great emotional exaltation, perversion of the instincts, confusion of thought, exaggeration closely bordering on aberration of ideas, as well as great eccentricities of conduct. Such symptoms may exist independently of insanity, as a distinct type of nervous disorder. It is only when the mind exhibits signs of positive alienation, manifested by the presence of delusion associated with a paralysis of the controlling power (the will), that we can satisfactorily affirm that insanity, in the right acceptance of the term, has clearly and unmistakably exhibited itself. I do not affirm that a delusive impression is always appreciable in incipient or even in the more advanced forms of mental derangement, for there are many phases of alienation of mind often leading to the most fatal results where no apparently fixed false perception can be detected.

"The experienced physician is not likely to confound delirium tremens, clearly the consequences of an excessive indulgence in, or the effect of a *sudden* abstraction of stimulants from the brain, with insanity. The acute accession of the delirium; remarkable insomnia which precedes its development, and continues through its course; peculiar muscular tremor; anxiety and distress of mind so characteristically marked in the physiognomy; the *fussy* and *busy* nature of the delirium; fumbling of the bed-clothes; extreme loquacity of the patient; peculiar sensorial illusions; suffused face; injected conjunctivæ; soft and feeble pulse; moist and creamy tongue; wild look of suspicion, terror, and alarm; clammy state of the skin, accompanied by a peculiar cutaneous exhalation similar to that observed in rheumatism; great agitation of manner, and unceasing restlessness, are all specific and peculiar diagnostic features of this type of cerebro-mental disorder, clearly distinguishing it from insanity.

"In considering the subject of cerebral congestion, it will be necessary to diagnose between active determination to, and arterial congestion of the brain, as well as to distinguish the latter condition from one of venous plethora. The ordinary symptoms of active determination are cephalalgia of an acute type, a feeling of tension, weight, or heaviness in the head, severe vertigo, aggravated whenever the patient stoops, suffusion of the face, injected conjunctivæ, distressing noises in the ears, sensorial hyperæsthesia, activity of the arterial circulation, recognized by undue action of the temporal and radial arter-

ies, depression of spirits, apprehensions of an approaching calamity, optical illusions, increased temperature of the scalp, wakefulness, or disturbed sleep, accompanied with frightful dreams, sudden muscular twitchings and spasmodic startings.

“It is difficult to define when the preceding cerebral state of active determination passes into a condition of congestion. In the former affection there exists marked hyperæsthesia of the ordinary functions of the cerebrum, whereas in the state of hyperæmia the symptoms indicate an opposite condition of the brain. This depression of the cerebral functions is marked by a sensation of dull, heavy weight in the head, seldom amounting to acute cephalalgia. The patient complains of vertigo and obtuseness of hearing. In many cases there is partial amaurosis. The intellectual faculties are in an inactive state. The memory is impaired, thoughts confused, and all the great functions of life are in a state of severe vital depression.

“The insidious, slow, and progressive advance of insanity, exhibiting itself in the majority of cases, by great singularity of conduct, delusive ideas, and clear deviations from normal modes of thinking and acting, as well as by an absence of the acute cerebral symptoms (except in cases of mania) that mark the condition of active determination and hyperæmia, will assist the practitioner in arriving at an accurate diagnosis. Again, insanity is easily distinguished from the acute symptoms of meningitis and cerebritis. These inflammatory affections are accompanied by severe cephalalgia, occasionally fugitive in its character, sense of weight and fulness in the head, flushing of the face, heat of the scalp, lethargy, attacks of vertigo, exaltation of the sense of hearing, seeing, and smelling, optical illusions, tinnitus aurium, injected conjunctivæ, full and laborious pulse, sudden startings during heavy sleep, as if the patient were alarmed by a frightful dream, bowels obstinately constipated, pupils contracted, skin dry and parched, and the mental condition alternating between delirious excitement and depression. With the preceding symptoms there will occasionally be great irritability of the stomach, sometimes amounting to actual vomiting. Inflammation of the membranes and substance of the brain (affections very difficult to distinguish from each other) is often complicated with delirium (different in its character from the delusions and hallucinations of insanity) as well as with convulsions.”

Our notice must conclude with the remarks on “Treatment and Prophylaxis,” which follow the portion already quoted. The nature of the treatise will be our excuse for having chosen, although thus imperfectly, to set forth its scope and purpose by quotation, instead of criticising its principles or method. These principles, rather suggested than assumed, and the method, which is only an order in



which a mass of cases is arranged, suffice, however, to form a most useful stand-point from which the student of mental medicine may enlarge his experience, or enter to the best advantage upon the difficult investigations to which he is soon to be introduced. Dr. W. says :—

“ In all acute affections of the brain and disorders of the mind the cure and life of the patient depend, 1. *Upon the speedy detection of incipient symptoms* ; 2. *Upon the accuracy of the diagnosis formed as to the nature of the cerebral affection* ; 3. *Upon the immediate application of remedial treatment.*

“ I propose, in the first instance, to consider briefly the general principles that should guide the practitioner in the treatment of incipient insanity.

“ The treatment of the early stage of insanity requires great delicacy, discrimination, and judgment. Under these circumstances, where the brain is in a morbid state of irritation, and the mind struggling between sanity and insanity, the person being conscious that his ‘ wits ’ are beginning ‘ to turn,’ the medical attendant should proceed cautiously and discreetly in his examination. If the patient be led to believe, from the conduct of the physician or from anything which falls from him, that derangement of mind is suspected, the most painful and disastrous consequences in all probability will ensue. In the early stages of insanity the patient’s suspicions are morbidly excited. He has a dread of ‘ going mad ;’ expresses a horror of such a calamity, and often most positively refuses to allow himself to be questioned on the subject of his mental health. Should the patient believe that he is imagined to be deranged, he will sometimes exhibit great violence and excitement.

“ If the practitioner proceeds judiciously in his inquiry, he may generally succeed in effecting his object without inducing the patient in the slightest degree to suspect the purpose of his visit. In many cases the physician may administer remedial agents, and succeed in warding off an attack of acute insanity, without conveying to the mind of the patient an intimation of the suspicions which exist as to his state of mind. When a medical man is called in to a case of this description, it is his duty first to direct his observations to the state of the general health. He will almost invariably detect either hepatic, gastric, cardiac, renal, or intestinal disorder which may be irritating and sympathetically disordering the brain. By the timely use of appropriate remedies, these affections may speedily be removed.

“ It may occasionally be necessary to relieve the over-loaded condition of the vessels of the brain. The patient often complains of severe headache, attended with an increase of temperature, for the relief of which the application of a few leeches, cold evaporating lo-



tions, and ice to the head may be recommended. Great caution is, however, necessary in the use of depleting and antiphlogistic measures. Alas ! how often have patients, who have been injudiciously treated by such means, sunk into incurable chronic melancholy. In *recent* attacks, occurring in young and plethoric subjects, when the symptoms are closely allied to inflammation of the brain, local blood-letting is often attended with the happiest results.

"In considering the physical treatment of insanity, it is essentially necessary that we should clearly understand upon what pathological condition of brain the morbid state of the mind depends. I think it may be safely laid down, as a general principle, that the brain, in cases of mania, even of the most exalted kind, is not *necessarily* in a state of active congestion or inflammation. The character of insanity, the symptoms which usher it in, and mark its progress, all unequivocally establish that alienation of mind frequently arises from a cerebral disorder, unaccompanied with vascular activity or turgescence.

"In obscure and doubtful cases tartrate of antimony will be found an excellent substitute for bleeding. Violent maniacal excitement, accompanied by every apparent indication of a high degree of cerebral congestion and inflammation, will often yield to the administration of this drug. The physician should begin with small doses, and gradually increase them, until the patient is able to take two or three grains without exciting actual vomiting.

"On the subject of depletion in insanity, Dr. Seymour observes—'In the great majority of cases, the functions of the brain in mental derangement are increased in force, while the circulation is depressed, extremely quick and feeble, and the action of the heart gives way to the smallest abstraction of blood ; and yet these are often attended by raving delirium, great increase of muscular force, and are, in fact, what are termed *high* cases. The consequence of such practise is, either the more frequent return of the high stage, or the patient sinks into one approaching idiocy.'

"When bleeding is clearly inadmissible, cold applied to the head will be found not only to diminish vascular excitement, but to lessen powerfully the morbid sensitiveness of the cerebral organs. Should there, however, exist a tendency to active plethora and apoplexy, cold lotions and ice should be used with great caution. The prolonged hot bath, in conjunction with the cold *douche*, will often be found most efficacious in subduing maniacal excitement. I have witnessed the mental perturbation of incipient insanity frequently yield to this potent remedy. The *douche* is to be used when the patient is in the hot bath.

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"In the treatment of incipient insanity, clearly unconnected with active head symptoms, there is no remedy which so effectually mas-

ters the disease as that of opium in one of its many formulæ. I am satisfied that a vast amount of mental derangement may be successfully treated in its early stage by the continuous and persevering administration of sedatives. When insanity is clearly associated with a depressed condition of the vital powers, evidenced by a weak pulse, feeble action of the heart, and general anæmic state of the system, the exhibition of the hydrochlorate, acetate, or muriate of morphia, *combined* with iron and quinine, will, in a great majority of cases, be found to act like a charm in arresting the progress of the mental malady.

"In some forms of insanity, belladonna, conium, hydrocyanic acid, chloroform, Indian hemp, henbane, stramonium, and hops, may be administered with advantage. It is obvious that no particular instructions can be given for the administration of these remedial agents. Much must necessarily be left to the judgment of the practitioner, who should be directed in the application of sedatives by the peculiar circumstances of each individual case presented for his consideration. It will be occasionally found necessary to administer opium by what is termed the endermic method, as well as by enemas. In some cases of acute maniacal excitement, I have found great benefit from the careful use of chloroform by inhalation. In epileptic and other forms of delirium this anæsthetic agent may be occasionally used with much advantage. It will often be found beneficial in cases of acute mental excitement to give, in combination, digitalis and opium. I have known instances of active cerebral and mental disorder to yield to this mode of treatment after other remedies have failed."\*

\* We have received a copy of Dr. Winslow's treatise, as republished, in an excellent style, by Messrs. Blanchard & Lea, Philadelphia, Pa.—[Eds.]

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## S U M M A R Y .

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ON THE INSANITY OF CHILDREN.—M. Brierre du Boismont has lately published some remarks upon this subject, in noticing the dissertation of M. le Paulmier.

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M. Brierre du Boismont has himself noted four cases, of children of six, seven, and ten years of age, in whom the symptoms of mental disease were manifest; and at present he has under his care a female child of three and a half years old, born of a paralytic father, which

shows the strangest caprices; at one time sad and melancholy, again in the most violent fits of rage, without any cause, and not to be appeased. The intelligence of the child is far beyond its years.

The cases of insanity brought under notice by Le Paulmier cannot be said to belong to childhood; his children are young people; for of thirteen examples, three are fourteen, two fifteen, three sixteen, and five seventeen years of age. Before, however, analysing Le Paulmier's work, Brierre du Boismont turns to English, French, and American authors for information on the subject. In Turnham's "Observations and Statistics of Insanity" there is a table of 21,333 cases. Under ten years, eight cases, and from ten to twenty, 1161 cases are noted. According to Turnham, the greatest number of cases of insanity occurs between thirty and forty. In the United States, however, physicians have remarked the disposition to mental disease is stronger between twenty and thirty than between thirty and forty; and this is fairly ascribed to the earlier age at which young men enter the world and engage in business and politics. One of these beardless men of business said to his physician, "I am convinced this kind of life which I lead will drive me mad or kill me; but I must go on." In four American asylums, which contained 2790 patients, 33.73 per cent. were between twenty and thirty, and 24.41 per cent. between thirty and forty years of age.

That the kind of education which the youth in the United States receive has a powerful influence on the development of insanity is proved by Evans and Worthington, in their reports of the Pennsylvania asylums.

Dr. Wigan gives, in his unpublished writings, an account of crimes committed by young people without any object. The age of the youthful malefactors was between sixteen and seventeen for girls, and between seventeen and eighteen for boys. There was this in common, that there had not previously existed the slightest animosity towards the persons against whom they perpetrated outrages. According to Wigan, the greater number of these young people had epistaxis, which, among the females, appeared with the regularity of menstruation. The crimes were generally committed after the temporary cessation of this habitual flux.

Delasiauve and Schnepf have also furnished information on the insanity of early life. The statistics of v. Bouteville exhibit insanity amongst children in no insignificant proportion. The maximum is presented between the ages of thirty and thirty-four. From five to nine, 0.9 per cent.; ten to fourteen, 3.5; from fifteen to nineteen, 20 per cent.

Aubanel and Thorpe observed in the Bicêtre, in the year 1839, eight cases of mania in children, and one of melancholia, from the age of eleven to eighteen years. Mental disease is undoubtedly more frequent in childhood than is generally supposed. Hereditary tend-

ency to disease, and ill-directed education, play an important part in its production.

A writer in the *Revue des Deux Mondes*, for August, 1848, has with much ability accounted for the frequency of insanity in France. Le Paulmier recognises three forms of mania—maniacal excitement (*excitation maniaque*), mania, and incoherent mania. In the first grade of mania the dissociation of ideas is not always recognisable—it nearly resembles the early stage of drunkenness; in the more advanced degree the dissociation of ideas is remarkable; while in the highest it is such, that no longer two sentences, and sometimes not even two parts of one sentence, are connected.

The diagnosis of the mania of children is at times difficult; meningitis may be confounded with it; but in general the headache, the dilatation of the pupils, and the nausea and repeated vomiting, afford means of fixing the line of demarcation. Mania with stupor (*d'une sorte de stupeur exaltique*) approaches closely certain forms of mental alienation which occur after epileptic seizures, and in which the excitement is associated with obtuseness and hallucinations (*obtusion hallucinatoire*). With respect to prognosis, the insanity of early life, according to the observations of Le Paulmier, ends in recovery; however, Delasiauve has made the remark, that a great susceptibility remains, a disposition to a return of the mental disease; and accordingly, that many patients may be found in the wards appropriated to adults, who had formerly been successfully treated in the division assigned to children.

M. Briere du Boismont concludes his notice of M. le Paulmier's dissertation by giving the result of his own experience. He says, that in a list of forty-two young people in whom the mental disease commenced between fourteen and sixteen years of age, eighteen times was it inherited from their parents.

In by far the greater number of cases, the disease has manifested itself partly under the influence of hereditary predisposition, and partly under the influence of puberty or menstruation. On inquiring from the parents the character of the children, the answer has almost always been, that they were, without any cause, sometimes sad, and at other times wild and ungovernable; they could never apply themselves steadily to work; they had no talent, or if it existed, it only flared up brilliantly for a moment; they would submit themselves to no rules. Some were apathetic, and were not to be excited by emulation; others exhibited a volatility which could not be restrained; many had been subject to spasmodic attacks. The incubative period was often protracted. In eighteen instances recovery took place, but the persons were liable to relapse; there also remained a remarkable strangeness of character, and an inability to assume any fixed position in life. Some afforded insecure evidence of the recovery being permanent. The conclusion is, that though, in a certain number

of cases, recovery takes place, the mental alienation of children and young people is a most serious disease—partly from their antecedents, and partly on account of the imperfect development of the organs. Adducing the foregoing facts in opposition to Le Paulmier's, M. Briere du Boismont nevertheless accords to the dissertation the meed of his approbation, looking upon it as the production of a thinking mind, and as a proof that themes selected by authors themselves are more productive of fruit than those which are the subjects of prize essays.—*Journal of Psychological Medicine.*

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CRIMINAL LUNATICS IN ENGLAND.—Criminals removed from the bar by the finding of the jury that they are of unsound mind have hitherto been ordered into confinement during her Majesty's pleasure. Punishments were so protracted, when thus inflicted, that advocates have been advised to withdraw the well-grounded plea of unsoundness of mind from the record in defence, because the penalty of this misfortune would be far more severe than that for the offence charged. Again, ruffianly scoundrels, laboring under a temporary aberration at the time of trial, have remained sane among the insane, violent criminals among the helplessly afflicted, requiring personal restraint and the severity of prison rules in an institution which is devoted to the treatment and consolation of those mentally diseased. These anomalies have now ceased to exist. An Act has just been passed to amend the Act regulating the Queen's Prison. Prisoners sent to Bethlehem Hospital, under the former Act, may now be removed, and be dealt with as if they were persons of sound mind when it is certified that their reason is restored.—*Leeds (Eng.) Times.*

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APPOINTMENTS.—Dr. R. J. Patterson, Supt. of the Ohio State Asylum for Idiots, has been appointed Superintendent of the new State Hospital for the Insane, at Mt. Pleasant, Iowa.

Dr. J. P. Clement, formerly Assistant Physician at the Vermont Asylum for the Insane, has been appointed Superintendent of the State Hospital for the Insane, at Madison, Wisconsin, in place of Dr. J. Edwards Lee, resigned.



## MEDICAL JOURNALS RECEIVED.

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- Oesterreichische Zeitschrift für Practische Heilkunde. Vienna.  
 Annales Médico-Psychologiques. Paris.  
 Journal de la Physiologie de l' Homme et des Animaux. Paris.  
 Archives des Sciences Physiques et Naturelles. Geneva.  
 Quarterly Journal of Microscopical Science. London.  
 The Dublin Medical Press. Dublin.  
 British and Foreign Medico-Chirurgical Review. London. N. York Re-print  
 Ranking's Half-Yearly Abstract. London. Philadelphia Re-print.  
 New York Journal of Medicine. New York.  
 American Medical Gazette. New York.  
 American Medical Monthly. New York.  
 The Scalpel. New York.  
 North American Medico-Chirurgical Review. Philadelphia.  
 American Journal of the Medical Sciences. "  
 The American Journal of Dental Science. "  
 The Medical News and Library. "  
 The Medical and Surgical Reporter. "  
 The American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Dental Cosmos. "  
 The American Law Register. "  
 Quarterly Summary of the Transactions of the College of Physicians of  
 Philadelphia. Philadelphia.  
 The Maryland and Virginia Medical Journal. Baltimore and Richmond.  
 The Charleston Medical Journal and Review. Charleston, S. C.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
 Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
 New Orleans Medical and Surgical Journal. New Orleans.  
 St. Louis Medical and Surgical Journal. St. Louis, Mo.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
 Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.  
 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 The Western Law Monthly. Cleveland, O.  
 The Chicago Medical Journal. Chicago, Ill.  
 Chicago Medical Examiner. Chicago, Ill.



# AMERICAN JOURNAL OF INSANITY.

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VOL. XVII.

UTICA, JANUARY, 1861.

No. 3.

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ESSAYS, CASES, AND SELECTIONS.

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## THE STUDY OF MIND.

THE reform in philosophical inquiry, which is linked with the illustrious name of Bacon, is usually spoken of as having been effected by a determinate method ; as a mode of procedure formulated in explicit rules, and reduced to an exact system. Bacon himself seemed to entertain the idea that the method he propounded was so perfect an instrument for the discovery of truth, that all minds could successfully employ it, and that by conferring this high power upon common intellects, genius and talent might thenceforward be stripped of their prerogatives ; that, by a kind of leveling-up process, the overtopping eminences of the world's minds would disappear. Bacon no doubt saw, with prophetic insight, the direction which the human mind must take, and was justified in his exalted hope of the world's future. Yet he was widely mistaken in attributing such an intrinsic efficacy to his plan ; and it is curious that he himself furnishes the most conspicuous illustration of its powerlessness. Though the father of the "inductive method," and of course its most thorough expositor, we have two memorable cases of his attempt and failure to apply it.

He rejected the Copernican system, then the most splendid achievement of inductive inquiry, and he applied his rules for investigating nature in the case of heat, not only without advancing the science a single step, but with the most ludicrous facility in arriving at erroneous conclusions.

After all, the business of discovering facts, elucidating principles, and opening passages to new realms of truth, is mainly an affair of sagacious guessing, intuitive insight, alertness of attention; with an audacious boldness of conjecture, combined with a proper spirit of humility and self-renunciation, and merciless testing and sifting of results. Bacon was not only right, but he was *new* in teaching an earnest and reverent love of nature. This is the initiative step of all science. It was this which impelled the inquirer to that persistent and importunate questioning and cross-questioning of nature, which at length elicited her secrets. Nature is never taken by storm. She must be won by gentle insinuations. Batteries and formal engineering are useless. Mere methods effect nothing. Indeed, after two hundred years of further experience in the creation of science, with more practice in the arts of discovery, far more than the world's entire history had offered before, we are still destitute of a method which is competent to qualify its employer for conquest in the domain of the unknown. The sciences have appeared in a natural, historic order, as a succession of outgrowths, each being a necessary preparation for its successor. Astronomy and physics, or the laws of the movement of material masses, very naturally engaged attention first, and were established as a formal body of science long before those deeper and more subtle inquiries into the nature and constitution of matter which gave rise to the science of chemistry. In like manner, chemistry was grounded and matured in its great principles long before physiology became an independent, inductive science. While the seventeenth century may be characterized as having elucidated the phenomena of the universe on a grand and massive scale, the eighteenth seems to have been signalized by its victorious investigations concerning the inner constitution of matter, and the nineteenth stands marked and contrasted with all its predecessors, by its rigorous and sys-

tematic investigation of the organic world—physiology, biology, the science of life. This is the normal order, and the subjects stand in a relation of necessary sequence ; so that chemistry could not have preceded physics, nor physiology have anticipated chemistry—the earlier being the indispensable preparation for the later. Still, it is surprising how difficult, and indeed impossible it seemed, to transfer the rules and methods of investigation which had proved effective in one field, to another department of inquiry. Notwithstanding all that the physieists had done to elucidate, unfold, and exemplify a method of inquiry, the chemists had to fight the battle over again in their own territory ; and notwithstanding the brilliant results which they also at length achieved, in creating chemical science, the obstacles still seemed great as ever to the adoption of a strict inductive method in the domain of physiology. A hundred years after this method had been promulgated and accepted as the guiding and constructive principle of science, the only mode of arriving at her secrets, physiology was still far in the rear of the camp of progressive discovery ; still an affair of aimless and fruitless speculation, if not of idle and antiquated superstition. Psychology, or the science of mind in its broadest sense, is to be regarded as the last and highest term of the scientific series. As there could have been no physiology without a prior chemistry, so there can be no true psychology without a physiological basis ; and because physiology is so recent and imperfect, and is even yet struggling for establishment upon pure inductive principles, psychology, which presupposes it and depends upon it, is hardly yet permitted to take rank as a formal science.

It is often charged that in this practical age, so lost in the mad pursuit of material interests, there is no chance for the loftier forms of speculative thought ; that the higher questions of mind are neglected as unworthy of attention in the furious race for utilitarian good. That there is a general conviction of the emptiness of metaphysical study, and a disinclination to engage in it, is undoubtedly true ; but the reason alleged is far from being satisfactory. When the aim of psychology is distinctly presented, to arrive at a clear and comprehensive knowledge of mental operations, its supreme impor-

tance, and the necessity for its advancement will be acknowledged by all. Its relations to the other sciences and to the arts, activities and avocations of life, is regal and controlling; they all depend upon it for first principles. The moralist looks here to gain light on the nature and authority of conscience; the legislator, to find some guide for estimating the degrees of criminality in doubtful cases; the educationist, for data on which to base an intelligible scheme of mental culture; the physician, for guidance in the proper treatment of insanity; and, lastly, the theologian looks here for aid in tracing the essential characteristics of man's religious nature, and the avenue by which his mind can soar to the contemplation of the Infinite. It is certainly not from indifference that this class of questions has latterly received less attention than belongs to them, but from a conviction that the right method has not yet been generally applied, and its value proved in some form of human benefit. Our practical age is educated in this spirit, and it has had no difficulty in contrasting the remarkable fruitfulness of physical investigations with the general unfruitfulness of metaphysics. Instead of direct linear progression, with greater clearness and certainty at each advancing step, as in the other sciences, the metaphysicians are still chasing each other round the circles of verbal disputation, evincing perhaps great skill and acuteness, but evolving no more actual and valuable results than were yielded by the polemical strifes of the Middle Ages.

As the old method, which has been again and again conquered on the fields of the several inductive sciences, is still intrenched in the highest places of thought, and can be uprooted and dislodged only, as before, by pitched and protracted battle, it may be serviceable briefly to glance at its origin and main features. Its leading characteristic and fundamental error, was an exaggerated estimate of the power and competency of pure thought to arrive at first principles and established truths. We trace it far back into the twilight of the earliest thought. The primitive poets, in their dreamy rhapsodies concerning the mysteries of creation and the genesis of all things, in their fanciful theogonies, cosmogonies, and mythologic inventions, opened the direction of thought, and the philosophers pursued it. They

proposed to themselves no less a task than to discover the origin and principles of the universe. They grappled at once with the largest and profoundest questions that can engage the human mind; attempted to go back to the ultimate origin, and down to the uttermost depths of things, to explain how they were formed, and of what essences they consist. Some maintained that all things sprang from water, others that air is the universal principle, and others that the essential animating element is fire. Explanations, compendious and satisfactory were spun from the fertile fancy with an easy readiness. Plato applied the purest instrument of the purest thought, and solved the problems of nature with surprising expedition. He maintained that matter in itself had no form, property, or force. But God in the beginning gave it a triangular form. Afterwards, taking a certain number of primitive triangles, he composed the four primary elements, termed fire, air, water, and earth. Fire, the most subtle, is made up of the smallest number of triangles. It has the figure of a pyramid. Air is a more complex figure, and represents a solid of twelve faces, a dodecahedron. Water has the form of a solid of twenty faces, an icosahedron. Finally, the earth, the heaviest of all the elements, constitutes a hexahedron; that is to say, a perfect cube, composed of right-angled triangles.

Thus the human mind in its infancy and inexperience, before it had learned the the limits of its faculties, or the things which transcend its grasp, attempted to dive within, and bring out the profoundest secrets of being, *by the naked power of reflection*. This was the system; the total universe and all its separate phenomena were summarily explained and disposed of in this manner. Plato explicitly avows this as the only method. He says: "Is anything more rational than to think by the thoughts alone, disengaged from all foreign or sensible agency? To apply at once the pure essence of thought in itself to the research of the pure essence of each thing in itself? without the ministry of the eye and ear, without, in short, any intervention of the body, whose slightest influence only troubles the soul, and prevents its finding wisdom and truth? If we are ever to attain a knowledge of the essence of things, must it not

be in this manner? During my youth, I had an intense desire to learn that science which is termed physics. I felt that it would be sublime to know the cause of each thing; what created, destroyed, and sustained it in existence. I was tormented in a thousand ways by my efforts to learn whether it is the cold and hot elements in a state of corruption, as some pretend, which form animated beings; if it is the blood, or air, or fire, that causes us to think; or whether it is either of these or the brain alone that produces in us all our sensations, sight, hearing, and smell; which, in their turn, produce memory and imagination; which, by reflection, create science. I reflected also on the decomposition of all these things; of the changes which take place in the heavens and the earth, and at last would find myself confused and wholly disqualified by such researches."

Plato confesses his failure. It was the world's mighty mistake, which prevented all science and progress for thousands of years. As thus the ancient philosophers believed that by the pure force of reason they could *think themselves* into the secrets of nature, arrive at first principles and thus construct a science of natural philosophy out of simple *à priori* ideas, so it is still believed, by the great majority, that the metaphysician is to *think himself* by the simple power of reflection into the secrets of the human soul, and thus unfold its powers, capabilities, and attributes, for the construction of a mental philosophy. In this spirit an eminent American metaphysician has recently tried his hand at the old problem of cosmogony; tried to cogitate the philosophy of the universe through the powers of thought alone. Certainly this is a vast stride backward, for even metaphysicians generally admit that the *à priori* method, in its application to physical nature, has been long since exploded. The ground now to be taken is, that the study of mind can never rise to the rank of a positive, progressive, and practical science, so long as it is pursued *subjectively*, by introspection. Whatever that method is capable of affording we have long since had. We want a fresh impulse in a new direction, and this is to be had by contemplating psychology *objectively*, just as we do physiology. We cannot better present this thought than in the language of Mr. Morell:—



“Where a direct, objective material of research exists—one to which we can have immediate access, which presents actual facts and phenomena to our view, and which can be interrogated by inquisitive observation—it is folly to neglect these patent facts, and then to retire into the recesses of our own minds to find the laws we seek for *there*. If the subject of research be one which presents no tangible material at all; if it be something which can only be grasped and realized *in thought*; then thought may undertake to investigate it. Take any purely metaphysical question—such as the nature of time, or space, or power, or causality—and all we can do is to show the relation of such questions to the laws and possibilities of thought itself. So it is with regard to most moral and religious questions—such as the existence of a God, or the immortality of the soul, speculatively considered. Here are subjects of research which present no direct and accessible phenomena apart from the process of thought by which we realize them. Thought, therefore, must do its best to rise from the visible realities around us, or the felt realities within us, to a rational and moral certitude on such matters. But it is not so with regard to the human mind. Laying aside all hypothesis on the nature or essence of the soul, we have a series of phenomena presented in history, in our observation of others, in the facts of our own internal consciousness, that are perfectly inexhaustible as illustrations of mind, its laws and its characteristics. The facts of sensation, of emotion, of thought, of imagination, of human action, wherever or however they present themselves, all form materials of investigation to which we are as well able to direct our powers of observation and analysis as we are to the outward phenomena of nature herself.

“Convinced of this truth, many other psychologists have adopted the purely empirical method of research. Dugald Stewart, for example, laid great stress upon the idea of reducing psychology to an inductive science. Many of the French philosophers, and their followers in England, have done the same. But in the case of nearly all these writers, the inductive method, properly so called, has been but very imperfectly realized: ‘They thought,’ to use the words of Fortlage,\* ‘that to write a psychology, it was only necessary to look into the soul as into a peepshow, and to put down simply what showed itself. It was just the same kind of procedure as if, in investigating a theory of storms, we were to give as near a description of them as possible; designate all the forms of the lightning flashes, put all the rolls of the thunder to musical notes, and, above all things, add plenty of information about remarkable and curious storms which have taken place here and there.’

“In these few words Fortlage has just touched the evil and imperfection under which our empirical psychology has labored. *Observa-*

\* *System der Psychologie.*

tion there has been in abundance, but very little *explication*; classifications have abounded, some more, and some less complete, but we have had very little disintegration of individual phenomena into their simple elements. Lists of mental faculties have been carefully made out and labelled, and then the knowledge of these lists has been allowed to stand in numberless instances for a knowledge of the thing itself. To take an illustration of this method: let us suppose that any one endeavoring to investigate philosophically the nature of vegetable productions, were first to divide them into their component parts, the root, the stem, the leaf, the flower, the seed, &c.; and then, having described the varieties of all these separate parts, were to consider the work of investigation finished, and the knowledge derived from it complete. How imperfect, we at once see, would be the insight gained by this procedure into the real nature of the object under research. To gain any philosophic insight into it, it would be necessary to acquire an accurate knowledge of the chemical elements of the vegetable world; to have true ideas concerning the process of cell-formation; to know something in brief of all the wondrous operations which science has revealed in connexion with the physiology of plants. It would be necessary, moreover, to have some acquaintance with the plant as an organic unity; to trace its development from the seed-germ upwards; to understand its metamorphoses; in a word: *to analyse the whole thing into its primary elements and simple functions*, instead of giving a mere enumeration of its constituent parts.

"The case of Psychology is precisely parallel. A mere descriptive psychology is just as important, scientifically considered, as a mere descriptive botany. It comes, after all, to little more than a mere catalogue of terms; and tends in the long run, when put in the place of true science, to become as dry, as formal, as dogmatic in its nature and as circumscribed in its applications, as are the barren deductions of mere *à priori* speculation."

Already have the foundations of psychological science been firmly laid, and the field of operations outlined. The first great step taken in this direction, was the discovery that the soul is linked to the universe by a definite mechanism; that the world acts upon the mind, and the mind reacts upon the world through the special agency of the nervous system. The name of Sir Charles Bell will be always memorable as the pioneer in these grand researches, as having first determined the double function of the nerves, one class conveying impressions from the surface to the centres, and another conveying motor impulses from the centres to the muscular system. The spell of ages was thus broken. The intelligent principle was no longer an

isolated and inapproachable mystery, an anomaly in the scheme of universal order, fitted to provoke wonder, but inscrutable to research. The first and most difficult step had been taken, which proved that the thinking principle is subject to conditions, controlled by laws and amenable to analytic scrutiny. It was a grand event in the march of discovery; not only of the highest intrinsic interest, but doubly important as being the divergent step which initiated a new science full of the promise of great results. And well have these expectations been justified. The discovery of reflex action and the independent powers of the spinal cord, with which the name of Dr. Marshall Hall is associated; the consensual functions of the sensory ganglia situated at the base of the brain, as traced by the researches of Dr. Carpenter; and the phenomena of the reflex or automatic action of the cerebrum as expounded by Dr. Laycock; these views, whatever of incompleteness may still characterize them, nevertheless constitute a series of advancements in the true direction, and place the study of mind upon an immovable, scientific foundation.

Among the influences which have conspired to bring about this great change, and give a new direction to mental inquiries, one of the most powerful has been the necessities of the physician in the treatment of insanity. Any vague theories of mind might answer for the metaphysician, the theologian, and merely speculative thinker. These could drift in any direction, for as the ocean of abstractions was boundless, there was no danger of wrecking upon the shores of practicality. But this would not do for the physician. He must have a firm foothold upon observed fact; he was face to face with unbending realities, and demanded a knowledge of mind possessing the certitude of science, and which could be made of actual professional service; a knowledge that would stand the test of use. Whatever may be said in derogation of utilitarianism by philosophers of the etherial school, it has nevertheless been the guiding star of the world's progress. Uses and applications, how the hypothesis squares with experience, how it will aid practice, are the great touchstones of speculative thought. They control us into sober reason, check our too wayward fancies, and forever bring us back from the realms of

dream-land to the tangible realities of the world. The ancient philosophies contemned the useful and the practical. They exploited through the realms of pure thought, rising and falling, swaying, oscillating and gyrating in the boldest style of ærostation, but ever disdainning the vulgar earth; and the penalty was, no forward movement of the human mind for thousands of years. The mutual dependence of abstract thought and actual working experience, is becoming ever more close. Science is becoming more practical, and practice more scientific. Even in the region of purest abstraction, mathematics, we are mainly indebted to its material applications for progress during the last two hundred years. Prof. Forbes remarks: "The necessities of the natural philosopher have been the prime sources of inspiration to the geometer. Of purely mathematical discoveries the great majority have been called forth by the immediate necessity arising from some problem requiring solution in astronomy, mechanics, optics, or heat. The combinations arising out of external phenomena, are more suggestive of the possible relations of number and quantity than is the most unlimited stretch of fancy and imagination; and I believe it will be conceded that, with few exceptions, theorems of the greatest value and beauty have been more frequently discovered during the attempts to solve some physical problem, than in comprehensive yet indefinite attempts to generalize the relations of abstract magnitude."

If such be the case even where mathematics is concerned, how much more dependent upon the exigences of practice and operative art must be the other sciences. As it was a practical professional study of the disorders of the human body that led to the elucidation of the laws of the human constitution and the creation of physiological science, so it has been, in a great degree, a study of the morbidities of the human mind that has led us as far as we have yet proceeded on the road to a knowledge of its healthful activities and normal operations.

One of the latest and most considerable contributions to psychological science, is the work of Mr. Alexander Bain, "*On the Senses and the Intellect, the Emotions and the Will*," in two volumes, of

614 and 650 pages respectively. It deals with the subject of mental phenomena from the physiological side, and undertakes to present a complete natural history of the mind, its faculties and emotions. Encyclopedic in its scope, it is a comprehensive collection of those numerous physiological and mental facts which are ultimately to be wrought into a coherent and organized system of mental philosophy.

A late reviewer remarks of Mr. Bain's effort: "He has abandoned the old method of dividing the mind into so many definite faculties; has seized the unity of its operation; elucidated by the aid of physiology the primary and spontaneous stages of mental activity; shown the germs of volition as existing in the instinctive impulses of the nervous system; and gone some way, at least, into the explication of the higher mental phenomena, as resulting from the combinations and associations of our primary ideas according to appreciable laws of suggestion."

But while this work constitutes an important advance in the right direction, it is still regarded as but just passing the threshold of science; as valuable for its materials, but defective in exposition; as a fine array of significant facts, but still without that profound analysis, and sagacious detection of ultimate principles, in which scientific progress essentially consists. The rich stock of observations awaits the master hand which shall reduce them to order and evolve their laws.

Mr. Herbert Spencer, in a late examination of Bain's work in the *Medico-Chirurgical Review*, while acknowledging its important merits, shows clearly its provisional and transitional character. He deals specifically with the second volume, "On the Emotions and the Will." Mr. Bain groups and classifies the emotions, as he finds them, on the basis of their obvious external attributes, without asking concerning their origin. Mr. Spencer says this will never do; we must go deeper and investigate the *development* of the emotions, what conditions call them into being and action, and how they grow. In natural history, external characters are insufficient. The naturalist goes back to embryology for those deeper clues to relationship and affinity which mere external characters fail to afford. But let us quote Mr. Spencer himself:—



"In what has essentially consisted the progress of natural-history classification? In the abandonment of grouping by external, conspicuous characters, and in the making certain internal but all-essential characters the bases of groups. Whales are not now arranged along with fish, because in their general forms and habits of life they resemble fish; but they are ranged with mammals, because the type of their organization, as ascertained by dissection, corresponds with that of mammals. No longer considered as seaweeds in virtue of their forms and modes of growth, zoophytes are now shown, by examination of their economy, to belong to the animal kingdom. It is found, then, that true classification involves analysis. It has turned out that the earlier classifications, guided by general resemblances, though containing a large amount of truth, and though very useful provisionally, were yet in many cases radically wrong; and that the real affinities of organisms, and the real homologies of their parts, were to be made out only by examining their hidden structures. Another fact, of great significance in the history of classification, is also to be noted. We mean the fact that very frequently the true relations of organisms cannot be made out even by an exhaustive analysis, if that analysis is confined to the adult structure; but that, in many cases, it is needful to examine the structure in its earlier stages, and even in its embryotic stage. So difficult was it, for instance, to determine the true position of the cirrhipedia among animals, so long as mature individuals only were examined, that Cuvier fell into the mistake of classing them with mollusca, even after an anatomical examination of them; and it was only when their early forms were discovered, that they were clearly proved to belong to the crustacea. So important, indeed, is the study of development as a means to classification, that the first zoologists now hold it to be the only absolute criterion.

"Here, then, in the advance of natural-history classification, are two fundamental facts, which should be borne in mind in classifying the emotions. We may, in the first place, study the evolution of the emotions up through the various grades of the animal kingdom: observing which of them are earliest, and exist with the lowest organization and intelligence; in what order the others accompany higher endowments and how they are severally related to the conditions of life. In the second place, we may note the emotional differences between the lower and the higher human races; may regard as earlier and simpler those feelings which are common to both, and as later and more compound those which are characteristic of the most civilized. In the third place, we may observe the order in which the emotions unfold during the progress from infancy to maturity. And lastly, comparing together these three kinds of emotional development, displayed in the ascending grades of the animal kingdom, in the advance of the civilized races, and in individual growth, we may



see in what respects they harmonize, and what are the implied general truths.

“ Having gathered together and generalized these several classes of facts, we should have better means of studying the emotions analytically. Setting out with the unquestionable assumption that every new form of emotion making its appearance in the individual or the race, is a modification of some pre-existing emotion, or a compounding of several pre-existing emotions, we should be greatly aided by knowing what always are the pre-existing emotions. When, for example, we find that the love of accumulation is absent in the lower animals and in infancy ; when we see that an infant may exhibit anger, fear, wonder, while yet it manifests no desire of permanent possession, and that, without any conception of property, a brute may show attachment, jealousy, love of approbation ; we may suspect that the love of property is compounded out of simpler and deeper feelings. We may conclude that as, when a dog hides a bone, there must exist in him a prospective gratification of hunger ; so there must similarly at first, in all cases where anything is secured or taken possession of, exist an ideal excitement of the feeling which that thing will gratify. We may further conclude that when the intelligence is such that a variety of objects come to be utilized for different purposes ; when, as among savages, divers wants are satisfied through the articles appropriated for weapons, shelter, clothing, ornament, the act of appropriating comes to be one constantly involving agreeable associations, and one which is, therefore, pleasurable, irrespective of the end subserved. Add to which, that when, as in civilized life, the property acquired is of a kind not conducing to one order of gratification in particular, but is capable of administering to all gratifications, the pleasure of acquiring property grows more distinct from each of the various pleasures subserved ; more completely differentiated into a separate emotion.”

These passages give us the key to Mr. Spencer's method of treating the whole subject of mind, in his very able and original work, the “ Principles of Psychology.” This volume is perhaps the most masterly and powerful attempt yet made to place mental philosophy upon a broad and positive basis. The brief space to which this article is limited forbids anything like an analysis of the work, but Mr. Morell has seized and briefly stated its fundamental idea as follows : “ The universal law of intelligence flows directly from the co-operation of mind and nature, in the genesis of our ideas. It is this ; that just in proportion as there is a persistency in the order or relationship of events in nature, so will there be a persistency in the connexion

that subsists between the corresponding states of consciousness. The succession or co-existence of external phenomena produces, of course, a like succession or co-existence in our mental perceptions; and when any two psychical states often occur together, there is at length established an internal tendency for those states always to recur in the same order. Starting, therefore, from this law, the author first traces the growth of the human intelligence through the lower phenomena of reflex action and instinct; then shows how our unconscious life merges into a succession of conscious phenomena; and, lastly, carries us upwards through the regions of memory, &c., to the highest exercise of reason, and the normal development of the feelings."

And again we have to notice how all science and philosophy are perpetually brought to the test of living practice. A casual reader dipping into Spencer's Psychology, would be very likely to pronounce it of all books the most remote from anything practical, the most utterly unserviceable and hopeless. Yet such a conclusion would be very wide of the truth. From all that has been said, we should already be prepared to expect "fruit,"—valuable, useful results of the later method of studying the mental nature of man. Though the field has not been long occupied, and its cultivators are comparatively few, yet such is its abounding promise that we are even now warranted in expecting important benefits. Mr. Spencer has lately published a work on "Education, Intellectual, Moral and Physical," which gives valuable evidence of what we may expect from thorough discipline in the study of mind, on the side of positive science. It gives a brief but excellent exposition of the order in which the faculties evolve, and the order of studies which should correspond; a statement which was greatly needed, was no where else to be found, and which we notice with pleasure is being gratefully appreciated and acknowledged by the most prominent educators of the country. The book is invaluable as the result of an all-sided study of character, in the full circle of its elements; a study not merely of mind in the narrow, metaphysical sense—that is as a mysterious entity detached from all connexions—but rather of the study of Man, in the completeness of his powers. The sterility of pure metaphysics is perhaps in no

way more conspicuously displayed than when brought to the test of education. This is inevitable. Having ignored the physiological element of our nature, its philosophy becomes so grossly imperfect that it seems hardly entitled to serious attention. Education involves the growth, culture and management of the whole being, and, as all its parts are bound into an indissoluble unit, he who has limited his views to a single phase is just so far disqualified for dealing with the subject. He alone is competent to treat the philosophy of education, who can grasp the largest questions in their mutual bearings. Mr. Spencer's work is remarkable in this respect. We might cite many illustrative passages, but one, from "Physical Education," must suffice :—

"For Nature is a strict accountant ; and if you demand of her in one direction more than she is prepared to lay out, she balances the account by making a deduction elsewhere. If you will let her follow her own course, taking care to supply, in right quantities and kinds, the raw materials of bodily and mental growth required at each age, she will eventually produce an individual more or less evenly developed. If, however, you insist on premature or undue growth of any one part, she will, with more or less protest, concede the point ; but that she may do your extra work, she must leave some of her more important work undone. Let it never be forgotten that the amount of vital energy which the body at any moment possesses is limited ; and that, being limited, it is impossible to get from it more than a fixed quantity of results. In a child or youth the demands upon this vital energy are various and urgent. As before pointed out, the waste consequent on the day's bodily exercise has to be repaired ; the wear of brain entailed by the day's study has to be made good ; a certain additional growth of body has to be provided for ; and also a certain additional growth of brain : add to which the amount of energy absorbed in the digestion of the large quantity of food required for meeting these many demands. Now, that to divert an excess of energy into any one of these channels is to abstract it from the others, is not only manifest *à priori*, but may be shown *à posteriori* from the experience of every one. Every one knows, for instance, that the digestion of a heavy meal makes such a demand on the system as to produce lassitude of mind and body, ending not unfrequently in sleep. Every one knows, too, that excess of bodily exercise diminishes the power of thought—that the temporary prostration following any sudden exertion, or the fatigue produced by a thirty miles' walk, is accompanied by a disinclination to mental effort ; that, after a month's pedestrian tour, the mental inertia is such that

some days are required to overcome it; and that in peasants who spend their lives in muscular labour, the activity of mind is very small. Again, it is a truth familiar to all that during those fits of extreme rapid growth which sometimes occur in childhood, the great abstraction of energy is shown in the attendant prostration, bodily and mental. Once more, the facts that violent muscular exertion after eating will stop digestion, and that children who are early put to hard labour become stunted, similarly exhibit the antagonism—similarly imply that excess of activity in one direction involves deficiency of it in other directions. Now, the law which is thus manifest in extreme cases holds in all cases. These injurious abstractions of energy as certainly take place when the undue demands are slight and constant, as when they are great and sudden. Hence, if in youth, the expenditure in mental labour exceeds that which nature had provided for; the expenditure for other purposes falls below what it should have been; and evils of one kind or other are inevitably entailed. Let us briefly consider these evils.

“Supposing the over-activity of brain not to be extreme, but to exceed the normal activity only in a moderate degree, there will be nothing more than some slight reaction on the development of the body: the stature falling a little below that which it would else have reached; or the bulk being less than it would have been; or the quality of tissue being not so good. One or more of these effects must necessarily occur. The extra quantity of blood supplied to the brain, not only during the period of mental exertion, but during the subsequent period in which the waste of cerebral substance is being made good, is blood that would else have been circulating through the limbs and viscera; and the amount of growth or repair for which that blood would have supplied materials, is lost. This physical reaction being certain, the question is, whether the gain resulting from the extra culture is equivalent to the loss?—whether defect of bodily growth, or the want of that structural perfection which gives high vigour and endurance, is compensated for by the additional knowledge gained?

“When the excess of mental exertion is greater, there follow results far more serious; telling not only against bodily perfection, but against the perfection of the brain itself. It is a physiological law, first pointed out by M. Isidore St. Hilaire, and to which attention has been drawn by Mr. Lewes in his essay on *Dwarfs and Giants*, that there is an antagonism between *growth* and *development*. By growth, as used in this antithetical sense, is to be understood *increase of size*; by development, *increase of structure*. And the law is, that great activity in either of these processes involves retardation or arrest of the other. A familiar illustration is furnished by the cases of the caterpillar and the chrysalis. In the caterpillar there is extremely rapid augmentation of bulk; but the structure is scarcely at

all more complex when the caterpillar is full-grown than when it is small. In the chrysalis the bulk does not increase ; on the contrary, weight is lost during this stage of the creature's life ; but the elaboration of a more complex structure goes on with great activity. The antagonism, here so clear, is less traceable in higher creatures, because the two processes are carried on together. But we see it pretty well illustrated among ourselves by contrasting the sexes. A girl develops in body and mind rapidly, and ceases to grow comparatively early. A boy's bodily and mental development is slower, and his growth greater. At the age when the one is mature, finished, and having all faculties in full play, the other, whose vital energies have been more directed towards increase of size, is relatively incomplete in structure ; and shows it in a comparative awkwardness, bodily and mental. Now this law is true not only of the organism as a whole, but of each separate part. The abnormally rapid advance of any part in respect of structure involves premature arrest of its growth ; and this happens with the organ of the mind as certainly as with any other organ. The brain, which during early years is relatively large in mass but imperfect in structure, will, if required to perform its functions with undue activity, undergo a structural advance greater than is appropriate to the age ; but the ultimate effect will be a falling short of the size and power that would else have been attained. And this is a part cause—probably the chief cause—why precocious children, and youths who up to a certain time were carrying all before them, so often stop short and disappoint the high hopes of their parents."

The wide diffusion of such a work as this will be of great public service. Great ignorance prevails upon this class of subjects. Many narrow prejudices and noxious superstitions still linger. And yet men are perpetually forced to judge, decide, and act upon questions involving states of mind, and consequent responsibility, liberty, and life. We therefore bid a hearty God-speed to all proper and effective efforts for popular enlightenment in this direction.



## INVOLUNTARY CONFESSIONS. BY FRANCIS WHARTON.\*

MR. RAWLINSON, as his motto to the Bampton Lectures of 1859, takes the following from Aristotle:—

“FOR WITH THE TRUE ALL THINGS THAT EXIST ARE IN HARMONY ; BUT WITH THE FALSE THE TRUE AT ONCE DISAGREES.”

This conflict between the true and false arises in all cases where guilt is attempted to be screened by human contrivance. The mind involuntarily becomes its own prosecutor. It drops at each point evidence to prove its guilt. Each statement that it makes—each subterfuge to which it resorts—each pretext it suggests—is a witness that it prepares and qualifies for admission on trial. In this, and in the universality of the psychological truth that guilt cannot keep its counsel, we may find an attribute of divine justice by which crime is made involuntarily its own avenger. Man cannot conceal the topic of a great crime, either anticipated or committed. It sometimes leaps out of him convulsively in dreams; sometimes a false cunning leads him to talk about it to know what suspicions may be afloat; sometimes that sort of madness which impels people to dash themselves from a high tower, forces him to the disclosure. Even his silence tells against him; and when it does not, the tremor of the body supplies the place of the tremor of the mind. Nor can he keep peace with his associates. There is a disruptive power in a consciousness of common guilt, which produces a hatred so demonstrative, that, if it does not supply the proof, it attracts the suspicion of a great wrong having been done.

In the preparation for crime the most astute fail. Poison has to be obtained somewhere. For domestic purposes it might be boldly

\* “INVOLUNTARY CONFESSIONS: A Monograph. By *Francis Wharton*.” Mr. W. says: “The following pages are taken from the closing chapter of the second edition of a treatise on Medical Jurisprudence, now issuing from the press, under the editorship of Dr. ALFRED STILLE and myself. They are placed in the present shape for independent distribution, as bearing on one or two branches of study distinct from that of the book in which they primarily appear.”



purchased; but the poisoner, in a vast majority of cases, is impelled to a more circuitous course. He buys it to kill vermin, and then gives a false excuse—as in a case where the prisoner pointed to a mouse which he said was killed by the poison, when in fact it turned out that the mouse was not so killed. He places a loaded pistol on his person on a pretext which he takes care to announce, but which turns out in like manner to be false. There is, in almost every kind of crime, a swelling of the upper soil which shows the subterranean road which the criminal travelled. It would seem as if it were a germinal element of guilt that it cannot work without such memorials. The most adroit hand may get witnesses away from the intended spot—the greatest caution may be shown in the purchasing, the collecting or the fashioning of instruments—but still the traces remain, ready to increase the presumption, if not the positive material for conviction.

At the Shrewsbury races, in November, 1856, appeared two young men, each of whom had large stakes involved—in each case those of life and death. “Polestar,” one of the horses entered, belonged to John Parsons Cook; a sporting character and spendthrift, and not much besides. He had inherited a considerable estate, but a large portion of this had gone in dissipation, and now, the result of the race was to decide whether the remnant was to be doubled or destroyed. Watching him pretty closely, though with an off-hand familiarity which required an experienced eye to penetrate, was William Palmer, a man several years his senior, whose fortune, which had also been considerable, was now entirely gone. The “Chicken” was Palmer’s horse, and on this he had ventured enormous bets. But he had a double game. Ruin, it is true, was imminent, but there was a method of escape. He was a medical man, and he had discovered the fatal properties of strychnine—how that it produced a disease scarcely to be distinguished from lock-jaw—how it could be administered without exciting the victim’s attention—what was the minimum dose necessary to take life, and how, when this dose alone was administered, the poison was dispersed, leaving no traces behind. He had a book in which these points were stated, and to make him-

self certain, he not only turned down the book at the place, but made a memorandum giving the substance in his note-book. He was a man of the world, and he made himself, without appearing to do so, thoroughly master not only of Cook's confidence, but of his secrets. He knew that Cook had a disease which produced sores on the tongue which might be considered, if talked about in the right light, as the cause of lock-jaw, so he proceeded to tell about them in this light. He knew how to imitate hand-writing. So he wrote a paper by which Cook acknowledged himself his debtor in a sum sufficient to absorb all Cook's effects. "Polestar" won, and "Chicken" was beaten. Palmer, in his careless, sporting way, borrowed Cook's winnings to pay his losses. Then every thing was ready to poison Cook, and the work was done with complete coolness and success. A little preliminary sickness was induced, during which nothing could be more kind and yet less officious than Palmer's attentions. It is true the strychnine had to be bought, but this was done in a circuitous way, and under a false color. Then it had to be administered, but two medical men, of undoubted probity, were called in, and as they recommended pills, it was very easy to substitute pills of strychnine for pills of rhubarb. So Cook was killed, and this so subtly, that the attending physician gave a certificate of apoplexy. As to the *post-mortem*, Palmer knew it would not amount to much, nor did it. No strychnine was discovered, but here the nerves of Palmer gave way. He showed an undue fidgetiness while the examinations were going on. He tried to tamper with the vessels in which the parts to be examined were placed. Then, also, the note he produced to show Cook's indebtedness to him was suspected; and then Cook's betting-book could not be found. This led to Palmer's arrest. The first medical authorities in England proved that Cook's death came from strychnine and nothing else. The apothecaries from whom the strychnine was bought, attracted by the discoveries, identified Palmer. In a dark passage he was seen to drop something into a glass for the sick man, but the passage was not so dark but that he was observed. Then his note-book turned up, showing how acquainted he was with the poison. And upon these facts, skillful as

he was, and completely as he had covered up his guilt from the superficial eye, he was convicted and executed.

Intimations are to be tested by the character of the party from whom they emanate. In the present connection, they may be divided into three classes.

*Direct* intimations are the least frequent. The coarse old feudal baron, over whom there was no law which would interfere to make a threat defeat itself—whose importance depended upon the emphasis with which he pursued his enemies—to whose temper deceit was intolerable—threatened dashingly, and performed implacably. So the Scotch clansman followed his hereditary vengeance until the last of the tribe he hated was extinguished.

Now in these cases there was neither parsimony nor insincerity in the threat, and no reserve in the execution. What was said was meant. It is only, however, in the rudest and most lawless states of society that we now find this phase. In a community where there is a justice of the peace, to threaten life is followed by a binding over to keep the peace; and such a threat, therefore, is rarely heard except as a bluster. Civilization, it is true, has not extracted the venom from homicide, but it has silenced its rattle.

There are cases, however, where the rattle is still heard. A purpose of vengeance may be whispered in a friend's ear. Among men over whom there is no law, in the mountain slopes or prairie sweeps to which no jurisdiction except that of the vigilance committee has reached—among the hunters of the wilderness who have preceded law, or the wreckers of the coast who have defied it, or the outcasts of the city who have been rejected by it—in those cases of domestic outrage where social usage seems to permit vengeance being taken into private hands—here threats may be the precursors of deeds. Desperation also gives out the same warning; and in such cases the warning uttered is of real consequence.

Then, again, a threat which may be meant merely as bravado, may afterwards become a real and desperate purpose. Provocation—opportunity—the desire to save the character from the imputation of mere bullying—may stiffen the attempt to frighten into an at-

tempt to destroy. Or again, a settled animosity may be produced which may lead, though circuitously, to secret mischief.

Taking out these exceptions, however, and assuming the case to be one of a man of ordinary prudence, where there is no proved settled purpose of revenge, and in a community where the usual restraints of the law are applied, it becomes very unsafe to connect threats previously uttered by such a party with a recent homicide. "The tendency of such a prediction," says Mr. Bentham, "is to obstruct its own accomplishment. By threatening a man, you put him upon his guard, and force him to have recourse to such means of protection as the force of the law, or any extra-judicial powers which he may have at command, may be capable of affording him." In the case last put, it is not likely that the one who really accomplished a deed which would lead to condign punishment, was the one who publicly threatened it.

Then, however, comes the *ambuscade* intimation. The more refined society becomes, the more likely is this kind of preparation to precede crime. It may be adopted to lull the victim. When the massacres of St. Bartholomew were planned, the Huguenot chiefs were invited to Paris on the pretence of the wedding between Henry of Navarre and Margaret of Valois. "This politeness of the Italian Queen is very suspicious," said the more wary of them; "she kisses whom she would betray." But they went, were caressed, and were massacred.

The Admiral Coligny had been wounded by an assassin under the pay of the Duke of Guise. He lay helpless on his sick-bed, when Charles IX., then a boy of only nineteen, but thoroughly schooled by his malign mother, was announced. The Huguenots were thoroughly aroused by the attack on the admiral. The preparations for crushing them, however, were not then complete. It was necessary that they should be quieted and kept together. So Charles entered into the admiral's chamber, and throwing his arms around the aged warrior, said, "Father, *you* received the wounds, but *I* the sorrow." Two or three nights afterwards, Coligny, hacked and helpless as he was, was torn from his bed and cut to pieces. Then his body was

dragged through the streets, and at last his trunk was kicked about like a foot-ball in the presence and for the diversion of the young king, who had shortly before embraced it. "Had it been the mother," said the survivors, "we would have had suspicion; but it was only the boy." Here was the Medicean mask—the very luxury of artifice in which Catharine of Medicis enveloped herself when about to commit a crime; and yet, from its very excess, it was a premonition. So it is that subtle guilt, in the very degree to which its subtlety is refined, gives its own warning, and at all events invokes its own retribution. For the recoil of St. Bartholomew's night destroyed the House of Valois far more effectually than did the massacre of the Huguenots. Charles IX. died only a few years after, of a disease in which nervous horror, if not remorse, was the prime agent, and so did men turn from him, even in Catholic Paris, that his body was deserted when on its way to the grave, and was followed to St. Denis by only three private gentlemen. His brother, Henry III., who succeeded him, was the last of his race.

Cowardice may work in the same way, from the fear of being struck back, if a face-to-face blow be attempted. So it was with James I. :—

"Willing to wound, and yet afraid to strike."

When he was rolling the execution of the Earl of Somerset as a sweet morsel in his mouth, he hung about the neck and slabbered over the face of that unfortunate favorite. It is not that he wanted to entrap—Somerset was caught already. Nor did he want to prevent detection, for he afterwards shrank from the moral consequence of the deed. It was merely because he was physically afraid of a collision.

Then come *precautionary* intimations. Of these the following may be taken as illustrations. Captain Donellan was tried in Warwick, in 1781, for poisoning Sir Theodosius Boughton, on whose estates his wife had a reversionary interest. The defendant had no doubt long formed a plan by which the deceased was to be removed. To exclude suspicion, the idea was thrown out long in advance that the latter's health was desperate—that his imprudence was constantly heaping up causes to produce it.

When Sir Thomas Overbury was in the Tower, and when the arrangements for his poisoning, under the direction of the Countess of Somerset, were made, the doctors whom the Countess had in pay, were careful long before the poison took effect, to announce that the patient was very sick, and indeed "past all recovery." It was a trick to prevent surprise.

Then come *prophetic* intimations. Those who approach a crime under the stress, either felt or assumed, of a supernatural decree, often move with the pomp worthy of so grand a mission. The muttered forebodings of the fanatic precede the fanatic's blow. The assassinations of John of Leyden and the assassinations of Joe Smith were always ushered in by intimations, more or less obscure, that the intended victim had fallen under the divine ban. Nor can we dismiss this as mere hypocrisy. The consciousness, though only partially sincere, of a supernatural impulse, cannot be completely repressed. The Greek tragedians felt this when they made those who meditated, under such an impulse, a deed of blood, bear witness to their awful mission by their dark forebodings to him they would destroy. So it was that Clytemnestra stalked over the stage, relating to the sympathetic chorus the terrors before her eyes and the fate by which she was driven, and so it was they ejaculated back their admiring horrors. So it was with the first Napoleon, with whom this sense of the supernatural was sometimes master, sometimes creature. He knew how to use it to overreach others; but he knew not how to use it without its sometimes overreaching himself. In the very face of policy he could not always conceal within himself, the decrees of destiny with which he supposed himself charged. Thus the death of the Duke d'Enghien was muttered forth by him long before the fatal arrest; and so before sovereign houses ceased to reign came the intimations of this vice-regent of destiny that the decree was about to issue. It was not mere threats—it was not ambuscade—it was the involuntary witness born against itself by crime acting under the guise of fate.

Among the vulgar these intimations are not unfrequent. Murderers, especially in the lower walks of life, are frequently found



busy for sometime previous to the act in throwing out dark hints, spreading rumors, or uttering prophecies relative to the impending fate of their intended victims. Susannah Holroyd was convicted at the Laneaster assizes of 1816, for the murder of her husband, her son, and the child of another person. About a month before committing the crime, the prisoner told the mother of the child that she had had her fortune read, and that, within six weeks, three funerals would go from her door, namely, that of her husband, her son, and of the child of the person whom she was then addressing. And so, on the trial of Zephion in Philadelphia, in 1845, it was shown that the prisoner, who was a negro, had got an old fortune-teller in the neighborhood, of great authority among the blacks, to prophesy the death of the deceased.

Where there is a family or local superstition, it may be invoked for the same purpose. Thus Miss Blandy, when her preparations for poisoning her father were in progress, threw out referenees to the supernatural music with which the house was pretended to be pervaded; music which, according to tradition, betokened a death in twelve months.

It is in the several classes of intimations, most of them involuntary, that we find another instance of the self-detective power of guilt.

Extraordinary affection is often simulated before a near relative is removed by poisoning. Thus, a husband is reconciled to and lives with his wife whom he intends to dispatch; and a wife, as in Mrs. Chapman's case, becomes singularly demonstrative in her public attentions to her husband. Mary Blandy, at the time her father was writhing under poisons she had herself administered, garlanded him over with caresses so inappropriate to his condition as to become the subject of suspicion then, and items of proof afterwards. So industrious declarations of friendliness and fairness are not unfrequently thrown out prior to an assassination.

*Incoherence at Crime.*—"Providence," said Mr. Webster, in his speech in Knapp's case, "hath so ordained, and doth so govern things, that those who break the great law of Heaven by shedding man's

blood, seldom succeed in avoiding discovery. Discovery must come, sooner or later. A thousand eyes turn at once to explore every man, every thing, every circumstance, connected with the time and place; a thousand ears catch every whisper; a thousand excited minds intensely dwell on the scene, shedding all their light, and ready to kindle the slightest circumstance into a blaze of discovery."

While there is on the one hand this concentration of observation, there is an almost unlimited multiplication of points to be observed. The criminal stands in the position of a country which has a coast line of indefinite extent, compelled to meet an adversary whose powerful and vigilant fleet commands the seas. There is this distinction, however, between the cases. The coast line may be broken without ruin, but not so the line of a criminal's defence. A single false position in his plans—such, for instance, as the omission to wash off a blood-stain—the leaving a letter or a paper disclosing identity, in the room—the forgetting that snow was on the ground, by which foot-prints could be tracked—over-industry in setting up a sham defence—sudden forgetfulness in answering to a real and not a feigned name—is destruction. And yet this is the necessity of all who seek to cover up guilt. They are acting a part which, to be perfectly acted, requires perfect skill, perfect composure, perfect foresight, perfect powers of self-transposition. Now we all know how impossible it is for even the most consummate actor to be true to an assumed character for an hour, and this under the tension of the stage. Yet this is required of a criminal constantly, in the lassitude of home, as well as in the excitement of public observation, in his chamber as well as in the court-house.

Of all the great poisoners, the most stealthy and feline, we have been told, was the widow Zwanziger, known in history by the name of her last husband, the Privy-Councillor Ursinus, of Berlin. Madam de Brinvilliers was an enthusiast, who poisoned with a spread and dignity of circumstances which necessarily invited detection. The widow Zwanziger, on the other hand, slid softly about from house to house, poisoning unobtrusively. So quiet and home-like were her attentions to the deceased—so deep and yet so well con-

trolled her grief—so completely her whole deportment that of a tender, sober, and yet undemonstrative friend, that when her lover, who began to be tired of her—her husband, of whom she began to be tired—her aunt, whose heir she was—successively sickened and died ; she was the last who would have been suspected of having dispatched them. Yet this most experienced, self-disciplined, and wary of poisoners—this actress so consummate that to the end she played the parts of a lady of fashion, and the sentimental and pietistic poetess with a perfection that showed no flaw—was careless enough, when engaged in such common game as the poisoning, as if merely to keep her hand in, of an ordinary man-servant—to leave the arsenic open in a room where her intended victim, made curious by one or two abortive operations she had attempted on him, scented it out, carried it to a chemist, and established the fact that it was of the same character with the poison by which she had seasoned some prunes she had been giving to him for dessert.

Equally wary and artistic, though in a different line of guilt, was Fauntleroy, perhaps the most complete forger of modern times. He was subtle, reticent, accomplished, and imperturbable. In a long course of years, he perfected a system of forgery, by means of which he obtained the transfer of stocks entered in the Bank of England, in the names of various persons, to the amount of £100,000. Such was the thoroughness of the fictitious accounts and false entries by which his forgeries were covered up, that his partners and clerks, as well as the bank, were deceived, and yet, at the very time he was weaving a veil otherwise impenetrable, he took the extraordinary step—a step unaccountable except on the hypothesis of the innate inability of the mind to act out with perfection any fabricated part—of keeping a private diary of his guilt, and executing a paper signed with his name, and carefully put away among his vouchers, in which he expressly declared that guilt.

Richard Crowninshield, of Salem, Massachusetts, was, in 1830, a young man of family and education. Of dark and reserved deportment, subtle and self-possessed, he united a depravity and malignity of heart which made crime natural and normal to him, with a courage

of purpose, a temperance in sensual indulgence, and a sagacity and adroitness in the choice and in the use of means, which made crime easy. His tastes and temperament were such as to cover his tracks with almost impenetrable darkness. "Although he was often spoken of as a dangerous man, his person was known to few, for he never walked the streets by daylight. Among his few associates he was a leader and a despot."

Joseph White, a wealthy merchant, eighty two years of age, was found murdered in his bed, in his mansion house, on the morning of the 7th of April, 1830. His servant man rose that morning at six o'clock, and on going down into the kitchen and opening the shutters of the window, saw that the back window of the east parlor was open, and that a plank was raised to the window from the back yard; he then went into the parlor, but saw no trace of any person having been there. He went to the apartment of the maid-servant, and told her, and then went into Mr. White's chamber by its back door, and saw that the door of his chamber leading into the front entry was open. On approaching the bed he found the bed-clothes turned down, and Mr. White dead; his countenance pallid, and his night-clothes and bed drenched in blood. He hastened to the neighboring houses to make known the event. He and the maid-servant were the only persons who slept in the house that night, except Mr. White himself, whose niece Mrs. Beckford, his housekeeper, was then absent on a visit to her daughter, at Wenham.

"The physicians and the coroner's jury, who were called to examine the body, found on it thirteen deep stabs, made as if by a sharp dirk or poniard, and the appearance of a heavy blow on the left temple, which had fractured the skull, but not broken the skin. The body was cold, and appeared to have been lifeless many hours. On examining the apartments of the house, it did not appear that any valuable articles had been taken, or the house ransacked for them; there was a package of doubloons in an iron chest in his chamber, and costly plate in other apartments, none of which was missing. The first clue obtained to the murder was by the arrest, at New Bedford, of a man named Hatch, who stated, when under examina-

tion for another offence, that he had heard Crowninshield mutter intimations of violence towards Mr. White. Soon another thread was found. Mr. White was childless, and left as his legal representatives Mrs. Beekford his housekeeper, the only child of a deceased sister, and four nephews and nieces, the children of a deceased brother. He had executed, as was known in the family, a will by which he left by far the larger portion of his estate to Stephen White, one of the few children of the testator's brother, reserving but a small legacy to Mrs. Beekford. A daughter of Mrs. Beekford married Joseph J. Knapp, Jr., who with his brother, John Francis Knapp, were young shipmasters of Salem, of respectable family, the sons of Joseph J. Knapp, also a shipmaster. Shortly after the murder, the father received a letter obscurely intimating that the party writing the letter was possessed of a secret connected with the murder, for the preservation of which he demanded a 'loan' of three hundred and fifty dollars. This letter Mr. Knapp was unable to comprehend, and handed it to his son, Joseph J. Knapp, who returned it to him, saying he might hand it to a vigilance committee which had been appointed by the citizens on the subject. This the father did, and it led to the arrest of Charles Grant, the person writing the letter, who, after some delay, disclosed the following facts: He (Grant) had been an associate of R. Crowninshield, Jr., and George Crowninshield; he had spent part of the winter at Danvers and Salem, under the name of Carr, part of which time he had been their guest, concealed in their father's house in Danvers; on the 2d of April he saw from the windows of the house Frank Knapp and a young man named Allen ride up to the house; George walked away with Frank, and Richard with Allen, and on their return, George told Richard that Frank wished them to undertake to kill Mr. White, and that J. J. Knapp, Jr., would pay one thousand dollars for the job. They proposed various modes of doing it, and asked Grant to be concerned, which he declined. George said the housekeeper would be away all the time; that the object of Joseph J. Knapp, Jr., was first to destroy the will, and that he could get from the housekeeper the keys of the iron chest in which it was kept. Frank called again in the same day in

a chaise, and rode away with Richard, and on the night of the murder, Grant stayed at the Halfway House, in Lynn. In the meantime suspicion was greatly strengthened by Joseph J. Knapp, Jr., writing a pseudonymous letter to the vigilance committee, trying to throw the suspicion on Stephen White. Richard Crowninshield, George Crowninshield, Joseph J. Knapp, Jr., and John F. Knapp, were arrested and committed for murder. Richard Crowninshield made an ineffectual attempt, when in prison, to influence Grant, who was in the cell below, not to testify, and when this failed, committed suicide. John F. Knapp was then convicted as principal, and Joseph J. Knapp, Jr., as accessory before the fact. George Crowninshield proved an alibi, and was discharged."

We have here a murder coolly planned and executed by persons of consummate skill, and yet we find the whole scheme disclosed by the following incoherences:—

*a.* Joseph J. Knapp, Jr., instead of retaining or destroying Grant's letter, as he could readily have done, losing his presence of mind so far as to hand it to his father, with directions to give it to the vigilance committee.

*b.* Crowninshield, ordinarily so astute and reserved, letting Grant, who was not even an accomplice, and who therefore was not pledged by fear to silence, into the secret.

*c.* All the parties basing the assassination on a mistake of law, they supposing that Mr. White's representatives, in case of his death intestate, would take *per stirpes*, whereas in fact they would take *per capita*; so that actually Mrs. Beckford, to increase whose estate the murder was committed, received no more by an intestacy than she would have by the will.

The Earl of Northampton, the second son of Henry Howard, Earl of Surrey, was the uncle of Lady Frances Sussex, the wife first of the Earl of Essex, and afterwards of Robert Carr, the famous Earl of Somerset. Private revenge and state policy led this beautiful and brilliant though bad woman to desire the murder of Sir Thomas Overbury, who opposed her marriage with her second husband, and who held secrets which might, if disclosed, thwart her political ambition.



She procured or promoted the committal of Overbury to the Tower, where poison was administered to him under her direction. In the attempt, at least, she had as accomplices, her husband, and her uncle, Lord Northampton. The work was successful. The next effort was to conceal it. Helwysse, the Lieutenant of the Tower, was instantly to advise Lord Northampton of the result. This he did, and then came a letter, evidently meant to be confidential, from the Earl in reply:—

“NOBLE LIEUTENANT—If the knave’s body be foul, bury it presently. I’ll stand between you and harm: but if it will abide the view, send for Lidcote, and let him see it, to satisfy the damned crew. When you come to me, bring me this letter again yourself with you, or else burn it.  
NORTHAMPTON.”

This was written early in the morning. So great, however, was the turmoil in Northampton’s mind, lest the body should not be got out of sight, that at noon on the same day he hurries off the following:—

“WORTHY MR. LIEUTENANT—Let me entreat you to *call Lidcote and three or four friends*, if so many come to view the body, if they have not already done it; and so soon as it is viewed, without staying the coming of a messenger from the court, in any case see him interred in the body of the chapel within the Tower instantly.

“If they have viewed, then bury it by and by; for it is time, considering the humors of the damned crew, that only desire means to move pity and raise scandal. Let no man’s instance cause you to make stay in any case, and bring me these letters when I next see you.

“Fail not a jot herein, as you love yr friends; nor after Lidcote and his friends have viewed, stay one minute, but let the priest be ready; and if Lidcote be not there, send for him speedily, pretending that the body will not tarry.”

This had no signature, and was evidently meant for the eye of Helwysse alone. But what would the world say if the proud and great Earl of Northampton, the “wisest among the noble, and the noblest among the wise,” should seem to be silent when officially informed of the death of one with whom he and Lord Rochester (the first title of Somerset) had been on such intimate terms. So he writes to the Lieutenant the following artful letter, meant for the public eye:—

"WORTHY MR. LIEUTENANT—My Lord of Rochester, desiring to do the last honor to his dec'd friend, requires me to desire you to deliver the body of Sir T. Overbury to any friend of his that desires it, to do him honor at his funeral. Herein my Lord declares the constancy of his affection to the dead, and the meaning that he had in my knowledge to have given his strongest straine at this time of the King's being at Tibbald's, for his delivery. I fear no impediment to this honorable desire of my Lord's but the unsweetness of the body, because it was reputed that he had some issues, and in that case the keeping of him above must needs give more offence than it can do honor. My fear is, also, that the body is already buried upon that cause whereof I write; which being so, it is too late to set out solemnity.

"This, with my kindest commendations, I ende, and reste

"Your affectionate and assured friend,

"H. NORTHAMPTON.

"P. S. You see my Lord's earnest desire, with my concurring earc, that all respect be had to him that may be for the credit of his memory. But yet I wish, withal, that you do very disereetly inform yourself whether this grace hath been afforded formerly to close prisoners, or whether you may grant my request in this case, who speak out of the sense of my Lord's affection, though I be a counsellor, without offence or prejudice. For I would be loath to draw either you or myself into censure, now I have well thought of the matter, though it be a work of charity."\*

Unfortunately for the success of the plot, both sets of letters were preserved; and their inconsistency formed one of the chief presumptions in the remarkable trials that ensued.

*Convulsive Confession.*—"The guilty soul," said Mr. Webster, in a speech already quoted, "cannot keep its own secret. It is false to itself; or rather it feels an irresistible impulse of conscience to be true to itself. It labors under its guilty possession, and knows not what to do with it. The human heart was not made for the residence of such an inhabitant. It finds itself preyed on by a torment, which it dares not acknowledge to God or man. A vulture is devouring it, and it can ask no sympathy or assistance, either from heaven or earth. The secret which the murderer possesses soon comes to possess him; and, like the evil spirits of which we read, it overcomes him, and leads him whithersoever it will. He feels it

\* Amos' Great Oyer, 173, &c.

beating at his heart, rising to his throat, and demanding disclosure. He thinks the whole world sees it in his face, reads it in his eyes, and almost hears its workings in the very silence of his thoughts. It has become his master. It betrays his discretion, it breaks down his courage, it conquers his prudence. When suspicions from without begin to embarrass him, and the net of circumstance to entangle him, the fatal secret struggles with still greater violence to burst forth. It must be confessed, it will be confessed; there is no refuge from confession but suicide, and suicide is confession."

Confessions that are voluntary are out of the range of the present discussion. Of those that are involuntary or convulsive we may take the following illustrations :

John Whitney, a wealthy farmer of Loudonville, Ohio, was robbed and murdered in November, 1856. Great but unsuccessful efforts were made to ferret out the murderer. A man named Stringfellow, who was living at Loudonville at the time, was strongly suspected of the crime, but nothing could be fastened upon him. Stringfellow soon afterwards left the neighborhood, and after an absence of two years, settled in the village of Johnstown, Hardin County. Here he was taken sick, and in his illness became delirious. It would seem that conscience was constantly at work with him, for during his delirium he mentioned Whitney's name frequently, and divulged a number of secrets which had been long hidden in his bosom, and which left not the shadow of a doubt but that he was a blood-guilty man. After Stringfellow became convalescent, he was told of the guilty secrets he had laid bare: the murder was charged upon him, and he was placed under surveillance.

Here is murder confessed in delirium. Cases of confession in dreams are more numerous. A person who worked in a brewery at Basle, in Switzerland, quarrelled with a fellow workman, and struck him in such a manner as to produce instant death. He then took the dead body and threw it into a large fire under the boiling vat, where it was in a short time so completely consumed that no traces of its existence remained. On the following day, when the man was missed, the murderer observed that he had seen his fellow servant

intoxicated, and that he had probably been drowned in crossing a bridge which lay on his way home. For seven years after no one entertained any suspicion as to the real state of the case. At the end of this time, the murderer, being again employed in the same brewery, was constantly reflecting on the singularity of the circumstance that his crime had been so long concealed. One night one of his fellow workmen, who slept with him, hearing him say in his sleep, "It is now fully seven years ago," asked him, "What was it you did seven years ago?" "I put him," he replied, still speaking in his sleep, "under the boiling vat." As the affair was not entirely forgotten, the man, suspecting that his bed-fellow might allude to the person who was missed about that time, informed a magistrate of what he had heard. The murderer was apprehended, and though at first denying all knowledge of the matter, afterwards confessed, and was executed.

That guilt takes the dreaming state as a peculiar site for the exercise of its retributive retrospections, is a familiar psychological fact. "If," said Pascal, "we dreamt every night of the same thing, it would perhaps affect us as powerfully as the objects which we perceive every day." "Dreams," was the comment of Sir W. Hamilton, "have frequently a degree of vivacity which enables them to compete with the reality." And a keen observer of the human mind—one whose keenness is not made the less remarkable by the fact that he was both the tenderest and most humorous poet of his day—has given us a vivid picture of the misery which marks this form of remorse:—

"—Her sleep was restless and broken still;  
For turning often and oft  
From side to side, she muttered and moaned,  
And tossed her arms aloft.

"At last she started up,  
And gazed on the vacant air,  
With a look of awe, as if she saw  
Some dreadful phantom there;  
And then in the pillow she buried her face  
From visions ill to bear.—"\*

\* See Hood's *Lady's Dream*.

Now, on confessions emitted when in this troubled state, not a few criminal processes have been made to depend. One well known case is referred to, in another relation, elsewhere. A peddler was murdered. All attempts to discover the assassin failed. At last a way-faring man, who had been strolling about the neighborhood, dreamed that the body would be found in a particular spot, and that certain persons with whom he had lately been sleeping in a barn were the guilty parties. It turned out that this was true. But it also turned out that the dreamer had, in his own dreams, heard the convulsive confessions of one of the assassins, the latter also dreaming.

Before, however, a confession should be taken as real, it should be subjected to certain psychological tests. Delusion; a morbid desire to attract attention; a sort of epidemic which sometimes strikes down whole classes with a passionate impulse to insist upon some blood-stain on the conscience, something like the hypochondriac epidemic impulse which insists upon some personal abnormality;\* weariness of life; a propensity to self-destruction through a channel which from its very tortuousness possesses its own fascination; a Lara-like desire to appear mysterious and dark, though in this case the propensity exudes in vague intimations of participation in

"Nameless deeds of guilt"

rather than in confessions of specific offenses;—the existence of such elements as these should be inquired into before a confession is received as absolute.

Delusions, either sane or insane, have produced many false confessions. A very singular illustration of the first has lately been revived before the American public, and has already been more than once cited. Two brothers, named Boorn, living in Vermont, had an altercation with their brother-in-law, a man named Colvin, a partial lunatic. They left him, as they may well have supposed, in a dying state. He crawled off, however, and fled to the middle States. Several years afterwards, suspicion was excited by a dream of an uncle of the supposed murderers. In this dream he was told that

\* We have an illustration of the latter in a convent of nuns, near Chalons, who were stricken down with the belief that they were cats.

Colvin had been murdered, and that his remains would be found in a spot that was pointed out. The dream was repeated three times until at last the place was searched, and some articles of clothing were found which were identified as Colvin's. Then a spaniel, connected in some way with the Colvin family, was seen snuffing uneasily about a spot close by, calling attention to it by his importunities. It too, was examined, and a cluster of bones was drawn up by the dog's paw. That these were Colvin's, and that these almost miraculous interpositions were designed to bring the murder out, there were none in the community who doubted.

Other circumstances led to the arrest of the Boorns. They were conscious of guilt, and it is no wonder that these strange prosecutors, which after so long an interval had united by means so supernatural to ferret out their guilt, should have impressed them with a belief that it was vain to fight against what seemed to be divine vengeance. So one of them confessed the murderous assault, and went on further to state how, in order to evade detection, the body had been partially burned, and the clothes destroyed. The first part of the story was true. The last was a fabrication, the result either of delusion, or of desperation, or of that impulse to complete a story with which the imagination is sometimes seized. That the actual death was indeed false, was shown by the subsequent appearance of Colvin himself, in time to intercept the execution of at least one of his supposed murderers.

But a still more singular confession followed. The first was in 1819. In 1860, a very old man named Boorn was arrested in Cleveland for counterfeiting. When in custody, he confessed that forty years before he had been concerned in a murder, and escaped by a false personation of the deceased. The confession led to a re-investigation of the former trial. That the second confession, as well as the first, was a delusion, was established finally. But the retention of this delusion for forty years in the criminal's breast, shows the enduring effect on the nervous system of the guilt of blood, even though that guilt was not consummated.

Perhaps the same hypothesis will explain a class of cases which



have recently been revived in the public attention.\* Prominent among these is what was long called the Campden Wonder. An old man, named William Harrison, steward to Lady Campden, went out on foot, on the 16th of August, 1660, to collect rents. He did not return at his usual hour, and his wife sent his servant, John Perry, to inquire after him. Perry, according to his own account, wandered about during the night without finding his master. The next morning, however, a hat and comb, much hacked and cut, and a band stained with blood, which had been worn by Harrison the evening before, were found in a wild spot, near a large furze brake, where he would have been likely to have been met by Perry. The neighborhood naturally enough jumped at the conclusion that Harrison was murdered, and that Perry was the murderer. Perry soon came to this conclusion too, and made a confession to this effect, implicating his brother and mother. The trial took place, and though there was no proof of the *corpus delicti*, the mother and the two sons were convicted and executed. Some years afterwards Harrison re-appeared at Campden, stating that he had been robbed by two horsemen on the night in question, and then kidnapped beyond seas.

So much for *sane* delusions. Somewhere between sane and insane delusions, may be classed those of witches. So far as concerns the spiritual sin, they had no doubt a foundation of fact. The loosest deist will admit that there are exterior agencies, in the shape of temptations, which assault the human heart, and with which it is a sin to tamper. The Christian ascribes these temptations to the direct agency of Satan. Now let us suppose the temptation of jealousy. A rival is hated, and his death vehemently agonized for. Here is a positive sin of the heart. Let the law ascribe this—as the common law did and does—to the instigation of the devil; and let a tampering with this temptation, as a sort of commerce with the evil one, be made a specific offence, as it once was. And add to this the spite arising from the petulances of old age. Here you have a series of subjective crimes which may be confessed with truth.

\* See Blackwood's Magazine, July, 1860, p. 54.

But the witches did not stop here. They confessed to all sorts of consequential overt acts. Their machinations had taken effect. Infants had melted away before their evil eye, as wax before the fire. The old had withered and wrinkled as the same glance fell on them. Hearts which loved were alienated ; hearts that believed were made to curdle in unbelief. Mothers dropped their untimely fruit. The warrior's courage forsook him in battle. Cattle took sick, and pains, through the witches' magic, tore and wrung the frames of those who crossed the witches' path.

Now many of these confessions were the result of mere insanity. But it would be wrong, however, not to recognize in others of them incidents of that divine economy which makes a superstitious foreboding, and sometimes a monomaniac realization of the consequences of crime, one of the results of the criminal conception. The mind that revels in intended guilt is apt, in the delirium of remorse, if it be not in the development of the imagination under the fervor of a wounded conscience, to see the consequences which that guilt would have produced. There is never an entire orphanage of the deed from the intent. There are few who cannot recall waking in an agony of terror at the picture brought before them, of the consummation of some unlawful purpose. They *dreamed* they did the thing over which they were brooding, but from which they were held back by want of opportunity, or fear of consequences.

Hawthorne thus vividly portrays this phenomenon :—

“ In the depths of every heart, there is a tomb and a dungeon, though the lights, the music and revelry above may cause us to forget their existence, and the buried ones, or prisoners whom they hide. But sometimes and oftenest at midnight, those dark receptacles are flung wide open. In an hour like this, when the mind has a passive sensibility, but no active strength ; when the imagination is a mirror, imparting vividness to all ideas, without the power of selecting or controlling them ; then pray that your griefs may slumber, and the brotherhood of remorse not break their chain. It is too late ! A funeral train comes gliding by your bed, in which Passion and Feeling assume bodily shape, and things of the mind become dim spectres to the eye. There is your earliest sorrow, a pale young mourner, wearing a sister's likeness to first love, sadly beautiful, with a hallowed sweetness in her melancholy features, and grace in the flow of

her sable robe. Next appears a shade of ruined loveliness, with dust among her golden hair, and her bright garments all faded and defaced, stealing from your glance with drooping head, as fearful of reproach; she was your fondest Hope, but a delusive one; so call her Disappointment now. A sterner form succeeds, with a brow of wrinkles, a look and gesture of iron authority; there is no name for him unless it be Fatality, an emblem of the evil influence that rules your fortune; a demon to whom you subjected yourself by some error at the outset of life, and were bound his slave forever, by once obeying him. See! those fiendish lineaments graven on the darkness, the writhed lip of scorn, the mockery of that living eye, the pointed finger touching that sore place in your heart! Do you remember any act of enormous folly, at which you would blush, even in the remotest cavern of the earth? Then recognize your Shame.

“Pass, wretched band! Well, for the wakeful one, if, riotously miserable, a fiercer tribe do not surround him, the devils of a guilty heart, that holds its hell within itself. What if remorse should assume the features of an injured friend? What if the fiend should come in woman’s garments, with a pale beauty amid sin and desolation, and lie down by your side? What if he should stand at your bed’s foot, in the likeness of a corpse, with a bloody stain upon the shroud? Sufficient without such guilt is this nightmare of the soul; this heavy, heavy sinking of the spirits; this wintry gloom about the heart; this indistinct horror of the mind, blending itself with the darkness of the chamber.”

Poets, who have observed human nature the most closely, and this not from its religious side, have recognized in mere unexecuted guilt, this retributive energy. Shakespeare makes Cardinal Beaufort, when dying, collect these phantoms of undeveloped purposes. Hood, in one of the most exquisite of his poems, a poem which has been already noticed, describes to us a lady of refinement and elegance, whose sins had been those of mere omission—who had dressed in silk and satin, and fed on the dainties of the land, and whose hardness consisted merely in a neglect to look after the poor—as writhing in a dream at the sight of the crowd of miserable outcasts whom she might have relieved but did not. It may have been that many of these vivid and awful confessions of the witches were produced, though with a greater self-deceiving power, by the same influence. A fevered conscience in both cases was at work. The witch, however, threw the phantom outward, on the canvas, as

it were, of a magic lantern, until it became a reality ; with others, who were more enlightened, or who have less deliberately and persistently delighted in the conception of the crime, the phantom was thrown inwards, and was detected as a phantom, though perhaps at the same time as a rebuke. But the witch believed in the *fact* and confessed it.

Now the policy which permitted the execution of these poor wretches, without proof of a *corpus delicti*, was no doubt barbarous and wrong. But this should not lead us to refuse to recognize as a part of the divine economy of rewards and punishments, this very self-punishing incident of that criminal purpose on which the mind has consciously and determinedly revelled. The intent brings its phantom consequences with it. Sometimes they continue phantoms, but they do not the less torture or degrade the mind they haunt. They may torture it by the presence of a tribe of avenging shades, or they may degrade it by introducing into it a progeny of foul and polluted consummations. The monastic system has brought many witnesses to this. So it was with the phantoms of sensuality of Jerome, and the phantoms of pride of Simon Stylites. Wilkie, in one of his drawings, brings before us—and no one who has studied it can forget it—a copy of a Spanish picture, where a young monk, feverish and macerated with the internal gnawings of a brood which had been hatched in his heart in the heat of mere permitted conceptions—appeals for pity and solace to an aged confessor ; and the agonized expression of the suppliant, and the sad, wise, sympathy of the confessor, tell the story but too plainly. But the story is not one of the confessional alone, but of every heart which, before whatever throne, bears itself and pours forth the story of indulged conceptions. And every lunatic asylum bears witness to the same fact in the cases of imbecility in which unexecuted purposes of sin—purposes which had only been thought over, but at the same time nursed—are babbled out, and with all their coarse consequences told by the tongue of age. The muscular hand of youth kept the curtain down—and the secret though nourished sin was thus concealed. But when the power of self-restraint weakened—when the cords and rings of the curtain decay-

ed—then the secluded contents of the heart—these unexecuted sins, now exhaling phantoms by their very exposure—rise and spread themselves in their deformity before the public gaze. Sometimes overt acts follow, and we hear of sudden falls in old and heretofore correct men—falls, however, which were not sudden, for there were back-stairs in the heart down which the culprit had been for years descending. Sometimes the act is one of imagination only, but is talked out in the gross familiarity of senility. But, however this phenomenon may exhibit itself, it is a part of that grand system of Providence, by which guilt is lodged in the *intent*, and by which, as a compensation for human law, which judges of the overt act alone, the intent incloses in itself its own retribution. The thing is patent in the history of society, and is meant to be so, as a mark of the divine purpose—as a deterrer—as an avenger—as an element to be received into consideration in adjusting the balance of human jurisprudence.

But there are cases in which these delusive confessions may be the offspring of pure mania, though in such the delusion must be proved by the mania, not the mania by the delusion. Banyan speaks of such a case, half pityingly, half doubtingly :—

“ Since you are entered upon stories, I will also tell you one, the which, though I heard it not with my own ears, yet my author I dare believe. It is concerning one old *Tod*, that was hanged about twenty years ago or more, at *Hartford*, for being a thief. The story is this : At a summer assize holden at *Hartford*, while the judge was sitting upon the bench, comes this old *Tod* into the court, clothed in a green suit, with his leathern girdle in his hand, his bosom open, and all in a dung sweat as if he had run for his life ; and being come in, he spake aloud as follows : ‘ *My lord,*’ said he, ‘ *here is the veryest rogue that breathes upon the face of the earth ; I have been a thief from a child ; when I was but a little one I gave myself to rob orchards, and to do other such like wicked things, and I have continued a thief ever since. My lord, there has not been a robbery committed these many years, within so many miles of this place, but I have either been at it or privy to it.*’ The judge thought the fellow was mad ; but after some conference with some of the justices they agreed to indict him, and so they did, of several felonious actions ; to all which he heartily confessed guilty, and so was hanged with his wife at the same.”



"I murdered my wife, some years ago," says the inmate of an insane asylum to a visitor. "It is necessary that I should be placed here in confinement." And then the supposed murderer goes on to relate with great equanimity and circumstantiality the details of the murder. But the wife was not murdered at all, and is still alive.

So the publication of a conspicuous homicide is apt to generate a series of pretenders to the honor of being the perpetrator. Why should there not be several Charlotte Cordays among a thousand patients, as well as several Robespierres?"

Then comes the epidemic confession—the strangest of all. We have several instances of this in the German monkish chronicles of the twelfth and thirteenth centuries. True purposes, as well as feigned facts, are often thus confessed. Whole communities, acting under that singular fascination which mind in the aggregate often acquires over mind in the individual, have thus come forward in sackcloth and ashes, and accused themselves sometimes falsely of the act, sometimes perhaps truly of the intent. Nor are these epidemics peculiar to a superstitious age. Dr. Southwood Smith, in his lectures on Forensic Medicine, brings an instance down to the present century. Captain Pigot, during the naval struggles between France and England under the empire, commanded the *Hermione* frigate. A mutiny took place, and he and a portion of his officers were murdered very barbarously. "One midshipman escaped, by whom many of the criminals, who were afterwards taken and delivered over to justice, one by one, were identified. Mr. Finlaison the government actuary, who at that time held an official situation at the admiralty, states: 'In my own experience I have known, on separate occasions, more than six sailors who voluntarily confessed to having struck the first blow at Captain Pigot. These men detailed all the horrid circumstances of the mutiny with extreme minuteness and perfect accuracy: nevertheless not one of them had ever been in the ship, nor had so much as seen Captain Pigot in their lives. They had obtained by tradition from their mess-mates the particulars of the story. When long on a foreign station, hungry and thirsting for home, their minds became enfeebled; at length they



actually believed themselves guilty of the crime over which they so long brooded, and submitted with a gloomy pleasure to being sent to England in irons for judgment.' "

Then comes that morbid vanity which takes self-crimination as a way of obtaining notoriety. Hypochondria sometimes mixes with this. Persons whose temperament has become thus touched will resort to the most desperate methods to attract attention. The most innocent type that we have is that of the sentimentalist, who feigns certain mental experiences of a peculiarly poignant character; which experiences are hung out something in the way pictures are in a gallery, to excite the interest of the amateur. Of course the more lurid the coloring, and the more sad the sorrow it depicts, the more real sympathy is to be secured from an honest and kind hearted observer, and the more profuse the ejaculations of the mere co-sentimentalist.

Next *facts* are fabricated as well as *experiences*. Thus Cherubina believes that she was changed in the cradle, and that an earl and countess are her parents, instead of the old farmer and his wife who brought her up. This big lie of course necessitates a myriad of minor ones, to enable it to be carried about with a proper retinue, until Cherubina's whole life becomes a fabrication. If guilt has to be confessed, to make up a consistent story, confessed guilt is.

Persecutions with such are favorite myths. Margaret Fuller, whose attitudes and surroundings, in spite of her apparent earnestness, were all pictorial and artificial, made the neglect she suffered from her father, one of the favorite topics in her letters, though even her editor, laudatory as he is, is forced to tell us that all this neglect was imaginary—that a kinder or truer father did not exist. It is still doubtful whether Caspar Hauser's wounds were not self-inflicted and his dumbness self-assumed. And it is certain that the more tender the care bestowed on such cases is, and the more confiding the sympathies, the more frequent and subtle the simulation.

But if the flag by which this attention is to be roused is to be inscribed among the more refined with a sentiment, among the coarser it is likely to be blazoned with a crime. Lord Coekburn, in his memoirs, gives us the following instance of this :—

"On the 13th of November, 1806, a murder was committed in Edinburgh, which made a greater impression than any committed in our day, except the systematic murders of Burke. James Bigbie, porter to the English Linen Company's Bank, was going down the close in which the bank then was, on the south side of the Canon-gate, carrying a parcel of bank notes of the value of four or five thousand pounds, when he was struck dead by a single stab, given by a single person who had gone into the close after him, and who carried off the parcel. This was done in the heart of the city, about five in the evening, and within a few yards of a military sentinel, who was always on guard there, though not exactly at this spot, and at the moment possibly not in view of it. Yet the murderer was never heard of. The soldier saw and heard nothing. All that was observed was by some boys who were playing at hand ball in the close; and all that they saw was that two men entered the close as if together, the one behind the other, and that the front man fell, and lay still; and they ascribing this to his being drunk, let him lie, and played on. It was only on the entrance of another person that he was found to be dead, with a knife in his heart, and a piece of paper through which it had been thrust, interposed between the murderer's hand and the blood. The skill, boldness, and success of the deed produced deep and universal horror. The people trembled at the possibility of such a murderer being in the midst of them, and taking any life that he chose. But the wretch's own terror may be inferred from the fact that in a few months the large notes, of which most of the booty was composed, were found hidden in the grounds of Bellevue. Some persons were suspected, but none on any satisfactory ground; and, according to a strange craze or ambition not unusual in such cases, several charged themselves with the crime, who, to an absolute certainty, had nothing to do with it."

Then confessions from very weariness of life—

"I am foot-sore, and very weary,  
And I travel to meet a friend."

That friend is death, and the frame of mind which thus seeks it is very apt to engender phantoms of blood-guiltiness which soon appear as realities. Thus cases have not been unfrequent where women, deserted by those in whom they trusted, and sick of living, have accused themselves, and this perhaps sincerely though falsely, of the murder of infants whom they never bore, or who died naturally. By one, who was thus life-weary, was the whole scene described with the most touching minuteness—the wailing of the young child—

its piteous look—its burial in a little grave under the matted and crisp spires at the foot of a pine. Yet no one had been buried there, nor had the mother aught to do with the child's death.

Then sometimes the same weariness of life seizes upon a false confession as a congenial method of suicide. Death is sought in a way which may best correspond to the then morbid condition of the brain; in a way which involves others, though innocently on their part, in the self-murder, and makes them strike the blow. "I fling myself, not into the river, nor into the abyss, but upon the scaffold." Thus Lord Clarendon tells us of a Frenchman, named Hubert, who was convicted and executed on his confession of having occasioned the great fire in London, "although," says that sagacious jurist and historian, "neither the judges nor any one present believed him guilty, but that he was a poor, distracted wretch, weary of life, and who chose to part with it in this way."\*

Before a confession be acted upon, therefore, let these tests be applied. Let it be remembered, to sum up in the words of a great civilian, that "there sometimes lurks, under the shadow of an apparent tranquillity, an insanity, which impels men readily to accuse themselves of all kinds of iniquity. Some, deluded by their imaginations, suspect themselves of crimes which they have never committed. A melancholy temperament, the *tedium vite*, and an unaccountable propensity to their own destruction, urge some to the most false confessions; whilst they were extracted from others by the dread of torture, or the tedious misery of the dungeon."†

The last motive rarely exists among ourselves, but the first may be not infrequent. The first precaution is to have absolute proof of the *corpus delicti*. This, however, is not enough. There may be abundant proof that a crime was committed, and yet the confession may be false. We must exact proof that connects the supposed criminal with the actual crime. We must examine into his condition of mind, and see how far insanity, or remorse, or bravado, or

\* Continuation of Lord Clarendon's Memoirs, written by himself, p. 352.

† Hein. Ex. 18, § 6.

weariness of life, or delusion, may have influenced him. When these tests are applied, we are ready to take the confession as impressed with its true significance. It thus becomes the most positive form of proof.\*

*Nervous Tremor.*—The Countess of Somerset, when arrested on the charge of the murder of Sir Thomas Overbury, laughed off the possibility of guilt with that fascination which so eminently belonged to her. It was hard to believe that underneath that young and beautiful brow, so cruel and artful an assassination could have been planned. No alarm was shown, no cloud of manner by which the slightest trouble of conscience was betrayed. So she bore herself until she found she was to be taken to the Tower. There Sir Thomas Overbury, himself but a young man, and one whom she had frequently and kindly met, had just died in unspeakable torments. There she had sent, under the guise of kindness, the poisoned tarts which caused his death. One great terror grew over her—that she should be taken to his room—that she should have to pass lonely nights there, and in that bed. At last, her nerves, wrought up to their highest dissimulation, snapped asunder. She sank prostrate and wretched to the ground, and then followed her confession.

From this nervous tremor arose the old habit of requiring supposed criminals to touch the corpse of the murdered man. With this was no doubt joined a superstition that the corpse would bleed when

\*“To guard against false confessions,” says Jeremy Bentham, “the two following rules ought to be observed:—

“1. One is, that, to operate in the character of direct evidence, confession cannot be too particular. In respect of all material circumstances, it should be as particular, as by dint of interrogation, it can be made to be. Why so? Because (supposing it false) the more particular it is, the more distinguishable facts it will exhibit, the truth of which (supposing them false) will be liable to be disproved by their incompatibility with any facts, the truth of which may have come to be established by other evidence. The greater the particularity required on the part of the confession, the greater is the care taken of the confessionalist—the greater the care taken to guard him against undue conviction brought upon him by his own imbecility and imprudence.

“2. The other rule is, that, in respect of all material facts (especially the act which constitutes the physical part of the offence), it ought to comprehend a particular designation in respect of the circumstances of time and place. For what reason? For the reason already mentioned: to the end that, in the event of its proving false (a case not impossible, though in a high degree rare and improbable), facts may be found by which it may be proved to

it felt the murderer's hand. But this was but collateral to the belief that in this way the conscience of the guilty party would be exposed to a test which might, in some cases at least, prove efficacious. It is true that when the criminal has time to nerve himself for the purpose, he is able, if he has much courage of manner, to bear himself calmly and innocently. This was the case with Major Strangways, in 1657, who, on being required to take the deceased by the hand and touch his wounds, did so with a demeanor undisturbed. It is true, also, that others, by a powerful effort of nervous imagination, may fling themselves into the character of an innocent person, in the same way that Mrs. Siddons could fling herself into the character of Queen Catharine, or Talma into that of Hamlet. "You looked as if you were really metamorphosed, and not merely trying to appear so." "I *made* myself believe that the audience was divested of all flesh—mere spirits, and I a spirit speaking to them," was Talma's reply. But this leap requires some little breadth of base from which to start. The mind cannot rise up to it suddenly. The murderer who might, if a due interval be given, nerve himself to the work, often collapses if suddenly brought in contact with the deceased. The old result is reversed; for in former times it was the dead man that gave sign: now it is the living. We have an instance of this in the latest American case where the process was tried. A man named Johnson, under trial for murder in New York, in 1824, was taken out of his cell

be so. 'I killed such a man' (says the confessionalist, mentioning him), 'on such a day, at such a place.' 'Impossible' (says the judge, speaking from other evidence), 'on that day neither you nor the deceased were at that place.'

"But time and place are both indefinitely divisible. To what degree of minuteness shall the division be endeavored to be carried for this purpose? A particular answer that shall suit all cases, cannot be given. The end in view, as above stated, must be considered, and compared with the particular circumstances of the case, in regard to either species of extension, ere the degree of partiality proper to be aimed at by the interrogatories can be marked out. Under the head of time, the English law, in the instrument of accusation admits of no other latitude than what is included in the compass of a day. The nature of things did not, in this instance, render uniformity impossible; the parts into which time is divided are uniform and determinate. Place—relative space—is not equally obsequious; the house? yes; if the supposed scene of the supposed transaction be a house; the street? yes; if the scene were in a street; but a field, a road, a common, a forest, a lake, a sea, the ocean; any of these may have been the scene."—(Bentham, *Rationale of Jud. Ev.* Book v. chap. vi. §3.)



to the hospital by the high constable, and required to touch the murdered body. He did so, but the touch broke the texture of the murderer's dissimulation. He fell into a nervous tremor, which resulted in a confession. This confession, when he recovered, he sought to retract; and his counsel endeavored to exclude it in court, on the ground that it had been improperly obtained. But the judges overruled the objection, without in any way objecting to the process.\*

William Peterson, a young man of only about nineteen, but of the most extraordinary self-control, was charged, in the Memphis District, Tennessee, in 1852, with the highway robbery and murder of Thomas Merriweather. No feature, in this very remarkable case, is more remarkable, than the mastery over his nervous system which had been obtained by this young but desperate criminal. An almost girlish delicacy and fairness of skin and features covered an iron energy of muscle and nerve that was able to brace itself against any expected attack. Yet even this power gave way. Closely resembling the murdered man—so closely as to produce mistakes between the two—was his brother, William Merriweather. The prisoner, not knowing he was suspected, was lying asleep in his bed near midnight. His chamber was suddenly entered by officers charged with his arrest. He betrayed no sign, though the slight trembling of the eyelids showed that his sleep was feigned. "I will go with you readily," and he got up quietly to meet the charge. But suddenly his eyes fell on a figure which may well have recalled to him the dead man, for there, darkened in the background, stood William Merriweather, pale and corpse-like, in the exhaustion and excitement of his long search for, and final discovery of, his brother's murderer. It was as if the dead and living were confronted. Then, as in former cases, the living broke down. Peterson's composure could not stand the trial. The policy of his intended defence was that he did not know the deceased; but as he looked at the brother his "head dropped upon his breast, and he sighed deeply." A partial confession and a conviction followed.

The following incident is given in Parton's *Life of Burr*. On a

\* *People v Johnson*, 2 Wheeler's C. C. 378.



trial for murder, the prisoner was defended jointly by Colonel Burr and General Hamilton. "At first, the evidence against the prisoner seemed conclusive, and I think Burr himself thought him guilty.— But as the trial proceeded, suspicions arose against the principal witness. Colonel Burr subjected him to a relentless cross-examination, and he became convinced that the guilt lay between the witness and the prisoner, with the balance of probability against the witness.

"The man's appearance and bearing were most unprepossessing. Besides being remarkably ugly, he had the mean *down* look, which is associated with the timidity of guilt. Hamilton had addressed the jury with his usual fluent eloquence, confining his remarks to the vindication of the prisoner, without alluding to the probable guilt of the witness. The prosecuting attorney replied, and it was now Burr's province to say the last word for the prisoner. But the day had worn away, and the court took a recess till candlelight. This was extremely annoying to Colonel Burr, as he meditated enacting a little scene, to the success of which a strong light was indispensable. He was not to be balked, however. Through one of his satellites, of whom he always had several revolving around him, he caused an extra number of candles to be brought into the court-room, and to be so arranged as to throw a strong light upon a certain pillar, in full view of the jury, against which the suspected witness had leaned throughout the trial. The court reassembled, the man resumed his accustomed place, and Colonel Burr rose. With the clear consciousness of which he was master, he set forth the facts which bore against the man, and then seizing two candelabras from the table, he held them up toward him, throwing a glare of light upon his face, and exclaimed:—

"Behold the murderer, gentlemen!"

"Every eye was turned upon the wretch's ghastly countenance, which to the excited seemed to wear the very expression of a convicted murderer. The man reeled, as though he had been struck; then shrunk away behind the crowd, and rushed from the room. The effect of this incident was decisive. Colonel Burr concluded his speech, the judge charged, the jury gave a verdict of acquittal, and the prisoner was free."

The longer the prior tension the more sudden and complete the crash. When Dr. Webster was brought by the police to the medical college, where for so many days he had with great external composure been covering up the proofs of his guilt, his whole system, at the recurrence of the scene under these new auspices, gave way. "He seemed," said one of the witnesses, "like a mad creature. When the water was put toward him he would snap at it with his teeth, and push it away with great violence, without drinking, as if it were offensive to him."\* Dr. Webster appeared to be very much agitated," says another; sweat very much, and the tears and sweat ran down his cheeks as fast as they could drop."† "The perspiration was so excessive as to wet through his clothing."‡

Richard Weston was sub-keeper of the Tower at the time of the poisoning of Sir Thomas Overbury. He was the first person tried for that crime. When the bill of indictment was returned, as we learn from Mr. Amos' "Great Oyer," all eyes were turned to the bar, where the wretched prisoner was brought up. He was a man of about sixty years of age. His forehead was wrinkled with age, his hair sprinkled with gray. His countenance, though not wanting in a certain degree of comeliness, had a stern and grim expression, and was now distorted with terror. His face was deadly pale, his lips quivered, and his knees tottered as he stood at the bar while the indictment was read. It charged him with having murdered Sir Thomas Overbury in the Tower of London by administering various poisons—rosalgar, white arsenic, and mercury sublimate—on four different occasions. The prisoner was then asked, in the usual form, whether he was guilty of the murder, yea, or no. The poor wretch instead of answering became agitated, and in his distress screamed several times, "Lord have mercy on me, Lord have mercy on me." At length he stammered out, "Not guilty." But when asked how he would be tried, instead of answering in the usual form, "By God and my country," he exclaimed he referred himself to God—he would

\* Bemis' Report of the Webster Case, p. 60.

† Ibid. 120, 121.

‡ Ibid. p. 193.

be tried by God alone. And though the Chief Justice spent an hour in persuading him to put himself upon his country, he could get no other answer out of him than that he referred himself to God.

The Earl of Essex was the last favorite of Queen Elizabeth. Young, brilliant, of remarkable fascination both in person and mind, he held on the queen's affections hereditary claims, of which his personal graces may well have reminded her. For—except the two Careys—he was her only male relative on her mother's side, and as she looked on his handsome person, and studied his ardent though inconsistent character—bold rather than courageous—dashing but inconsequent—chivalric in bearing, yet not always generous in heart—she could not but recognize the defects as well as the graces of her kinsmen of the Boleyn blood. Then, besides, his father had served her at the time when her faithful servants were few, and it was one of her principles ever to be true not only to those who had been true to her, but to their children. But even Elizabeth's constancy might be overstrained. To almost more than womanly weakness in domestic life, she added more than masculine severity in matters of state. She became piqued with Essex's waywardness to her personally, and permitted herself, upon his failure in his Irish campaigns, not only to rebuke but to degrade him. The favorite was stung to the quick, and rushed into a desperate scheme to forcibly change the administration. He was tried and sentenced to be executed. Then came with her the struggle. Whatever may have been her relations to him, she loved him still too affectionately, and had by her indulgence given too large a margin to his excesses, to permit her to consent to his death. That he should die, she never intended. But with that singular and cruel waywardness by which her Tudor blood and her woman's caprice were alike shown, her plans seemed to have been to have humbled her favorite until she brought him to her feet as a devoted suppliant, once more to be fastened to her person, as one who first could give life, and then renew prosperity. To this plan one thing was needed on Essex's part. Elizabeth had given him a ring which he was to send to her whenever he was in straits, and which, she had given him her word, should bring back from her

a free pardon. The death-warrant had issued, and she passionately waited for the ring. She recalled the warrant, to give more time, but no sign was made by Essex. The sentence of his peers hung over him—he asked not to have it remitted—and at last the queen let the axe fall.

Two years passed of eminent prosperity. The Spaniards were finally repulsed; the Irish subdued; a firm alliance was secured with France, and England was placed at the head of the Protestant powers. Elizabeth had apparently deadened all recollections of Essex. But on the death-bed of the Countess of Nottingham, a scene took place which brought back the old love with all the additional power of remorse. It appeared that Essex had reserved the ring for his last extremity, and then had given it—to follow Hume's incomparable narrative—"to the Countess of Nottingham, whom he desired to hand it to the queen. The countess was prevailed on by her husband, the mortal enemy of Essex, not to execute the commission, and Elizabeth, who still expected that her favorite would make this last appeal to her tenderness, and who ascribed the neglect of it to his invincible obstinacy, was, after much delay and many internal combats, pushed by resentment and policy to sign the warrant for his execution. The countess of Nottingham falling into sickness, and affected with the near approach of death, was seized with remorse for her conduct; and having obtained a visit from the queen, she craved her pardon, and revealed to her the fatal secret. The queen, astonished with this incident, burst into a furious passion. She shook the dying countess in her bed; and crying to her *that God might pardon her, but she never could*, she broke from her, and thenceforth resigned herself over to the deepest and most incurable melancholy. She rejected all consolation. She even refused food and sustenance; and throwing herself on the floor, she remained sullen and immovable, feeding her thoughts on her afflictions, and declaring life and existence an insufferable burden to her. Few words she uttered, and they were all expressive of some inward grief which she cared not to reveal. But sighs and groans were the chief vent which she gave to her despondency, and which, though they

discovered her sorrows, were never able to ease or assuage them. Ten days and nights she lay upon the carpet, leaning on cushions which her maids brought her; and her physicians could not persuade her to allow herself to be put to bed, much less to make trial of any remedies which they prescribed to her." And then came death.

*Morbid propensity to recur to scene and topic of guilt.*—There are certain abnormal states of the nervous organism in which the propensity to commit a desperate act is almost irresistible. There are few who have not felt this, when standing on a tower or on the brink of a precipice. A strange curdling runs and quivers through the veins, an impulse to break this mystery of life, and desperately to face what stands beyond. There are few great criminals who have not borne witness to the same propensity. They are ever on the precipice-brink of discovery, and often comes this convulsive impulse, to throw themselves, blood-stained and confessing, into the chasm below. And even when this is not consummated, there is a strange fascination which makes them flit over the scene and topics. The impulse is to get as near to the edge as they can without toppling over.

This impulse, working in a mind of peculiar delicacy and culture, betrayed itself in Eugene Aram's case in a series of refined and oblique allusions to acts of guilt, such as that of which he had been the perpetrator. His mind hovered and quivered over the topic, assuming and expressing itself in varied fantastic shapes, often flitting apparently away, but floating again from the same spot, as would an exhalation from some hidden pernicious mine. So showed the evidence on the trial, which is paraphrased, with extraordinary psychological delicacy, by Hood :—

"The usher took six hasty strides,  
As smit with sudden pain—  
Six hasty strides beyond the place,  
Then slowly back again;  
And down he sat beside the lad,  
And talked with him of Cain.

"And long since then, of bloody men  
Whose deeds tradition saves;  
Of lonely folk, cut off unseen,  
And hid in sudden graves;  
Of horrid stabs in groves forlorn,  
And murders done in caves!

"And how the sprites of injured men  
Shrieked upward from the sod—  
And how the ghostly hand will point  
To show the burial clod;  
And unknown facts of guilty acts  
Are seen in dreams from God!

"He told how murderers walked the earth  
Beneath the curse of Cain—  
With crimson clouds before their eyes,  
And flames about their brain;  
For blood had left upon their souls  
Its everlasting stain!

" 'And well,' 'quoth he, 'I know for truth,  
Their pangs must be extreme—  
Wo, wo, unutterable wo—  
Who spill life's sacred stream!  
For why? Methought last night, I wrought  
A murder in my dream!

" 'One that had never done me wrong,  
A feeble man and old;  
I led him to a lonely field,  
The moon shone clear and cold;  
Now here, said I, this man shall die,  
And I shall have his gold!

"That very night, when gentle sleep  
The urchin's eyelids kissed,  
Two stern-faced men set out from Lynn  
Through the cold and heavy mist;  
And Eugene Aram walked between,  
With gyves upon his wrists."

Among coarser minds the same propensity exhibits itself in the affectation of jocularity or rude jest. Thus Robinson, who was tried for the murder of Suydam, whose body was found under the front



basement floor of Robinson's house, remarked, two days before the discovery, to a carpenter who found him with a hoe dragging the earth in the *back* basement, as if he had been getting out sand for the masons, "Here's where I was going to poke Suydam under;" adding that he "had not time to do it." This was tossed off as a joke, and may perhaps be regarded as an artifice to divert attention. But it arose more probably from a morbid propensity impelling the murderer to dwell in language on the topic which was to him at once so perilous and so engrossing.

The same peculiarity was observable in Nancy Farrer's case. Whether or no that remarkable woman was technically responsible it is not proposed now to consider. Conceding, however, that she was insane (and to this effect went the last verdict taken in her case,) she had a vein of shrewd cunning running through her which enabled her to shelter herself from suspicion during two successive groups of poisonings. There were the same precautions as taken by other criminals to deaden surprise by intimations of the ill health of her intended victims—the same assertions of constitutional tendency to these particular symptoms. And with this there was the same subsequent hovering of the mind over the scene of guilt. Thus, after the death of "Johnny," one of the children whom she was employed to nurse, and whom she had poisoned, she was found "excited and anxious if any two were talking, to get close to them, and to wish to know what they were saying." And then came one of those strange convulsive confessions, such as that in Robinson's case—confessions in which the truth is thrown out as if it were too hot for the heart to hold, and yet at the same time put forth as if it were a joke, so as to relieve the mind of him who speaks from the solitude of this awful secret, and yet not too boldly proclaim guilt. Nancy told a witness after the death of one of the children, "how lucky she was with sick folks; they all died in her hands." The witness saying, "May be you killed them;" she said, "May be I did." "She seemed to be joking—seemed to be smiling—seemed to be very careless about it."\*

\* Farrer v. State, 2 Ohio St. R. (N. S.) 64.

*Permanent mental wretchedness.*—We may pass the case of a tender conscience, which commits a heinous act inconsiderately, or under force of strong temptation, and then is stung by bitter and enduring remorse. These cases may be said to be exceptional. We may be told, and perhaps truly, that the majority of great crimes are committed by men whose hearts are so rigid and callous as to give no sign of a troubled conscience. The sun, on the day after the crime, shines upon a face just as hard as that on which he shone the day before. Blood cannot stain a skin already black with guilt. No man is suddenly a great criminal. He becomes so, it is argued, by long and slow processes, during which all the impressible elements of the heart are hardened and solidified.

Now this may be all true, and yet common observation tells us that there are certain types of character among which *a priori* we are accustomed to look for the perpetrator of some great crime. And this rigidity of heart is one of these. This, in itself, may give a faint though definite psychological presumption. But it is questionable whether there are any characters in which this type is permanent:—

“The deepest ice that ever froze  
Can only over the surface close—  
The living stream lies quick below,  
And flows, and cannot cease to flow.”

“Something was wrong with him. My suspicion was aroused by his troubled sleep.” This is the frequent answer to the question as to what put the witness first on the watch. Shakspeare makes Lady Macbeth’s great secret vent itself in this way, and to attract very much the same observation from bystanders. And this, in fact, is but in obedience to one of those divine sanctions by which crime is made in part its own avenger. “There are violent and convulsive movements of self-reproach,” says Dr. McCosh, “which will at times break in upon the self-satisfaction of the most complacent. Man’s peace is in this respect like the sultry heat of a summer’s day; it is close and disagreeable at the time, and ever liable to be broken in upon by the thunders and tempests of Divine indignation. Even in the case of those who are anxious to keep their attention turned away

as much as possible from themselves, and as little as possible upon the state of their hearts, there will occur intervals unfilled up between the scenes that express them, and on these occasions there will be recollections called up which occasion the keenest misery. It may be after a day of selfish business, or an evening of sinful excitement, that such unwelcome visitations are paid to them to disturb their rest, while others have buried their cares in the forgetfulness of sleep. Or it may be, in the time of disease, or in the prospect of death, that the ghosts of deeds committed long ago spring up as from the grave. These gloomy fears proceeding from conscious guilt, always rise up like a ghostly apparition, never in the sunshine of prosperity, but always in the gloom of adversity, to render the darkness more horrific.

"In other cases, the troubling of the conscience is produced, we can scarcely tell how, by the state of the nervous system, or by an accidental event, recalling the deed committed to oblivion, or by a sudden flashing of some willingly forgotten scene upon the mind, revealing like the lightning's glare at night, dreadful depths of darkness. In regard to such phenomena we may know what are the general laws; though it may be as difficult to explain the specific causes, as it is to tell the immediate cause of the raising this gust of wind, or of this cloudy atmosphere, of both of which we may know perfectly what are the general means of their production."

Extraneous circumstances may produce this involuntary remorse. The culprit may form around him his own atmosphere, which will impart for a while its tinge to his conduct. He may, by a powerful effort of imagination, create for himself fictitious wrongs and fictitious justification. Suddenly, however, comes a rude touch and dissolves the whole fabric. Heretofore he believed himself a hero, or an instrument of inexorable fate. Now he sees himself a murderer, cruel and loathsome, and a spasmodic cry of agony escapes his lips, or insanity, or suicide, or, what may be worse than either, a dull and incurable despair, closes his life.

The independent existence of this latent consciousness of guilt is shown by the fact that it is called into action by events over which the will has no control. It is not the creation of a diseased brain. It

is not the result of a morbid self-introspection. Were it either of these, the will could recall it, or perhaps again banish it. But it is produced arbitrarily and convulsively by circumstances with which the will has nothing to do. The sudden sight of a ring belonging to one whom Queen Elizabeth had loved but sacrificed, threw, as we have seen, that most proud and self-poised of women into an agony of demonstrative remorse. The Countess of Somerset, who had borne herself with such consummate self-possession and tact during the prior periods of the prosecution, screamed with terror at the prospect of being taken to sleep in the room of Sir Thomas Overbury, whom she had poisoned. Nor are these cases unfamiliar to our every-day observation. A little locket, a lock of hair, a faded rose, a ribbon, taken from the person of one who has been loved and lost, will recall a passionate torrent of long buried grief. We may have been a moment before, calm or buoyant. If we had been able to exercise our own will, we would have banished these memories finally. But now, without our agency, they burst upon us and overwhelm us.

There is a feature, however, in respect to a consciousness of guilt thus produced, that distinguishes it from a suddenly recalled grief. The latter reproduces merely a past memory, the former a present reality. The recollection of the latter is, I WAS IN TIME PAST so and so. The discovery with the former is: I AM NOW A CRIMINAL; I DID THAT DEED OF GUILT. Of this discovery there are but two or three consequences. One is confession, and the consequent relief from a comparatively unburdened conscience. Another is a continued condition of misery. A third is the stupor or hardness which is so common an attribute of old criminals. Either of these is a positive psychological condition, as much the subject of ascertainment as are the types or phases of the physical condition.

*Animosity among confederates.*—"He knows my secret, and I must dispatch him." "Because he fears my betraying him, he will try to get rid of me." One of these feelings, and perhaps both, lurk in the breast of the confederates in almost every joint secret crime.—How dangerous is the possession of a political secret in a despotic government, is evidenced to us in the many assassinations by which

fell the favorites of the French and English monarchs of the seventeenth century.

But another and more subtle impulse sometimes intervenes to work out the same result. It seems almost an invariable psychological rule that passionate love producing crime, is followed by passionate hatred. Take, for instance, the reign of James I., and go to Lord Coke's great Oyer, which has been already more than once referred to. Whether or no the Earl of Somerset was really guilty of the consummated poisoning of Sir Thomas Overbury, may perhaps be doubted. It is clear, however, that his countess caused poison to be sent to the deceased to remove or punish his opposition to her marriage, and that her husband was privy to her designs. It is clear also, that he must have known, if not participated in the nefarious plot by which his wife, as a preliminary to her marriage with himself, was divorced from the Earl of Essex. For by fraud, if not by bloodshed, as all England knew, was the first marriage dissolved and the second secured. To make the second marriage happy many outward circumstances conspired. The earl and his countess were each remarkable for their beauty and graces. They had wealth and station; they loved each other with a love which had torn asunder the most sacred barriers, and had conquered almost insurmountable difficulties; but when they at last met, they found an invisible obstacle between them which they could not overcome. This was the consciousness of a common crime. Their love was followed by hatred so intense, and by quarrels so bitter, that quiet was only secured by separation. For years they lived in the same house, with hearts so hostile that they instinctively shrank from each other when they met. Aversion became divorce.

Poets have often dwelt upon this property of crime, but by no one has this been done with greater energy than by Robert Browning. Ottima, an Italian woman, pursues with the utmost passion an adulterous intercourse with a German, Sebald. Together they murder her husband. Then comes for a moment the passionate voluptuousness of guilty love in its full. But while they are still in the flush of delight at the removal of the obstacle to their undisturbed enjoyment, a country girl passes under the window singing a home song



which brings them back to the reality of the crime they have committed. It is the ordinary reaction produced on a morbid state of the brain, by a single healthy thought. Then fierce love is followed by fierce hatred, and death by death.\*

Catharine of Medicis, on the death of Francis II., had still three surviving sons, Charles IX., who succeeded to the crown; Henry, Duke of Anjou, afterwards Henry III.; and Francis, Duke of Alençon. Over each she had acquired an ascendancy, which would give her supreme power could she make the crown autocratic. There was in the way of this, however, an insurmountable difficulty. The Huguenots were a co-ordinate power in the state, and their religion and their political principles alike made them intractable. Coligny was their leader, and besides this possessed military skill, popular influence, and inflexible integrity. Assassination was to Catharine the natural remedy, and to this she obtained the ready support of the chief of the Catholic party, the Duke of Guise, and then the reluctant assent of Charles IX. The blow was struck; Coligny murdered; and forty thousand Huguenots in one night destroyed.

Then came the reaction, and prominent in this was the disruption between the queen, her sons, and her accomplices. To exclude Henry of Navarre from the succession was one of the chief points in the confederacy; yet eight days after the massacre, Charles IX., according to Ranke, was obliged to summon Henry to him in the night to quiet the agonies by which he was tortured. The young king was filled with dread at a wild tumult of confused voices, among which were distant shrieks and howlings, mingled with the indistinguishable raging of a furious multitude, and with groans and curses as on the day of the massacre. So vivid was his conviction of the reality of these sounds, that he sent messengers into the city to know if a fresh tumult had broken out. But the sounds were mere delusions, which continued to torment Charles during the short

\* "Pippa Passes," by Robert Browning. Mr. Hawthorne's last work, the "Marble Faun," hinges on the same topic.



remainder of his life. Thus he died, alternately cursing his mother, as the cause of his misery, and turning to her submissively, in awe of her overweening power.

So it was with her two remaining sons. Francis, Duke of Alençon, flew into open rebellion, making the massacres, of which he was one of the joint agents, the plea. Henry III., it is true, when he succeeded to the crown, bowing before the queen's superior genius, conceded to her for a while the supremacy. But this same restlessness under the joint load of a common guilt, this almost anguish to throw it off on her who produced it, soon severed the son from the mother. Then came a scene in the castle of Blois, where the Duke of Guise, almost at the foot of the throne, was obliged to defend himself by teeth and nails like a wild beast, for he had not time to draw his sword. He had been invited there by the king, as one of the council of State, and when there was thus massacred by his old co-conspirator. And underneath, on her dying bed, lay Catharine of Medici, the wild tumult above giving her proof of this final dissolution of the strange partnership she had formed for the Huguenot massacre. The community of guilt had to them been indeed fatal. It had been followed by the bitterest recriminations and imprecations. It had been followed by massacres and cross-massacres. Charles IX. did not hesitate to ascribe to poison administered by his mother's hand, the disease which tore his vitals; and though this may be discredited, she permitted his death-bed to be neglected, and his funeral deserted, to increase the welcome to her more favored son Henry. The Duke of Guise was massacred by Henry; Henry a short time after by an avenger of the Duke of Guise. Catharine, after having successively deserted those for whom she had risked so much, died at last deserted by each in turn.

Such are some of the ways in which psychology may be used in the detection of guilt. It shows how a crime betrays itself before its commission, in preparations, in intimations, in overacting; at the time of its commission, in incoherence; after its commission, in convulsive confessions, in remorse, in involuntarily haunting the guilty topic, and in disruption between confederates. The inquiry is an

important one in legal psychology, for it not only aids in the enforcement of the law, but it leads us to those supreme sanctions on which all law rests. When we visit a city, and see a series of police officers engaged in ferretting out crime; when we see, in connection with this, courts in which the criminal is tried, and the penalties to which crime is subjected, we draw from these facts the inference of a government whose office it is to prevent wrong. In proportion to the perfection in which this police system is carried out, do our conceptions of the wisdom, the power, and the earnestness of the supreme authority increase. So it is with the agencies we have been examining. Wherever guilt goes they go. They dog it in all its stages. Its most secret haunts are not closed to them. Its weakness as well as its wisdom—its triumphs and its remorse—they hear and record. Nor is their function that of detection alone. They have a strange power of compelling guilt to disclose itself. They show us that whatever doubts there may be as to the *origin* of evil, there is no doubt as to its *close*. For they show it to be pursued by a most subtle and powerful penal machinery, which leaves it not until, in one sense or another, it is judicially punished.

There is one difference, however, between the police of the courts, and that of the conscience. The former, in order to scent out the crime, often assumes the garb of the criminal. Vidoeq goes into the thieves' den to discover the thieves' secrets. He recalls memories of past crime, so as to induce a similar communicativeness in his associates; he gloats enticingly over the pleasures of guilt; he incites to fresh adventures by which the criminal may be entrapped. But it is not so with the Angels of the conscience. They warn, they appeal, they implore, and this in tones the tenderest and holiest. Their garb is that of light, telling from whence they come. While they announce beforehand who they are, and use the most touching entreaties to prevent wrong, they declare it will be theirs afterwards to avenge that wrong if done;—while they leave no secret as to their awful mission, they gently plead by all the powers that persuasion can give, that vengeance may not be theirs to inflict. The memo-

ries they recall are not of early guilt, but of early innocence—of periods when no mad or polluted comrade stood by, inciting to ruin, but some tender friend or relative, uttering counsels of love. They paint not the pleasures of guilt, but its misery, and they point to scenes of peace to which guilt cannot reach. It is not theirs to avenge until their final entreaties are exhausted ; and when at last they hurry away to give their last report, he whose guilt is disclosed cannot but say : “ This, your office of exposure as well as of restraint, I knew beforehand. You told me this—you told me that my sin, if unchecked, would find itself out.”

It is here that the presumptions from this agency rise a step higher than those from an earthly police. The latter tells of a government, comprehensive, sagacious, and just, so far as its general object of punishing crime is concerned, but of a government which at the same time deals in punishment alone, and that by instruments which are often as polluted as the evils they are to correct. The former tells of a government, austere, is true, yet very tender ; moving to holiness through holiness ; permeating not merely the outer life, but the secrets of the heart ; everywhere warning and entreating, while everywhere judging ; making punishment certain and terrible, and yet so working it up into the consequences of the criminal's voluntary act as to render it his own choice. So it is that while a police of mere detection and exposure argues an executive of mere power, a police of love argues an executive of mercy ; a police that is omnipresent, an executive that is omnipresent ; a police that for a time entreats, warns and dissuades, an executive that recognizes a temporary probation ; a police that ultimately and irrevocably avenges, an executive that after a free probation judges definitely and finally. It is here we have brought before us the elements of that Christian Providence which the courts invoke as the foundation of public justice. In crime itself, therefore, we find the proof of that chief magistrate who avenges crime.

So it is that while the court-house derives its sanctions from this Supreme Power, it contributes to the proof of the existence of this Power an independent share of evidence. No witness can be sworn

until he declares his belief in a future state of rewards and punishments ; no trial can take place without strengthening the evidence on which this state rests. Human justice falls back on divine for its support ; divine justice appeals to human as its witness. The penal precepts of the common law professedly find their basis in the dictates of an enlightened Christian conscience ; the divine sanction of this conscience is nowhere so fully shown as in the course of a trial at common law. The present discussion will not be without its value, if by illustrating these truths, it shows how close is the connection between the divine law and the human ; and how the science of jurisprudence, while it draws down its strength from heaven to earth, may still, if rightly studied, lead its votaries from earth to heaven.

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### REPORTS OF AMERICAN ASYLUMS.

1. *Biennial Report of the Trustees of the Michigan Asylum for the Insane.* For two years ending November 30, 1860.
2. *Report of the Board of Managers and Superintendent of the Kentucky Eastern Lunatic Asylum.* For two years ending September 30, 1859.
3. *Report of the Board of Managers of the Kentucky Western Lunatic Asylum.* For two years ending November 30, 1860.
4. *Report of the President and Directors of the Western Lunatic Asylum of Virginia.* For two years ending September 30, 1859.
5. *Report of the Regents of the Lunatic Asylum of South Carolina.* For year ending November 5, 1859.
6. *Fifth Annual Report of the Supervisors and Superintendent of the Mississippi State Lunatic Asylum.* For year ending September 30, 1859.

7. *Annual Report of the Board of Administrators of the Louisiana Insane Asylum.* For the year 1859.
8. *Report of the Medical Superintendent of the Canada West Provincial Lunatic Asylum.* For the year 1859.
9. *Report of the Board of Commissioners and Superintendent of the New Brunswick Provincial Lunatic Asylum.* For year ending October 31, 1859.
10. *Seventeenth Annual Report of the Mount Hope Institution, near Baltimore, Md.* For the year 1859.

1. In the fourth number of the thirteenth volume of this journal, was given a description of the Michigan Asylum, and a history of its foundation and progress to the year 1857. At that time the central building, and the longitudinal and transverse wings on one side, had been commenced but were far from completion. In the same year the central building was destroyed by fire, and has yet been only partially rebuilt. The whole of the south wing, however, consisting of two longitudinal, two transverse and one extreme division, has been fully completed. It is designed for males, and contains eight distinct wards with accommodations for one hundred and thirty-five patients. Seven of the wards are now in use; four being appropriated to females, and three to males. The remaining ward is temporarily occupied by the officers and employees of the institution.

It is now some years since the erection of the Asylum was commenced, and much yet remains to be done before the institution can assume the high rank among others which its perfect design and liberal foundation must enable it finally to maintain. But in view of the grave financial and other difficulties which it has successively met and overcome, its friends may, we think, fairly congratulate themselves upon reaching the present auspicious period in their labors. Henceforward we may confidently hope that the results of its beneficent work in the State will sufficiently commend the policy of its early completion and liberal support.

The following remarks of the Trustees upon the organization of the Asylum will be found of interest :—

"The law organizing the Institution recognizes three classes of patients. First, the poor or pauper, admitted upon the order of the superintendents of the Poor; second, those in indigent circumstances, who are received upon orders granted by Circuit Court Commissioners; and, third, private patients, supported by friends, or by their own estate. The expenses of the first and second classes are borne by the counties whence they come, at a weekly charge of \$2.50. To the third class, patients supported at private expense, charges vary from \$3. per week upward, according to the circumstances of the case, and the amount of extra attention desired or required. Under this system it is observed that the State provides for its citizens an institution properly officered, and that the current expenses are borne by those directly receiving its benefits. In regard to this organization we can only say, that it has worked very advantageously in similar Institutions of other States in which it has been adopted, and that we discover no inconvenience in its operations here. The justice in its leading features, is apparent. Those who are able to bear their own expense, do so; and the benefits of the Institution are enjoyed without charge by the poor and indigent, through the counties of which they are respectively residents, and the officers of the county are very properly made the judges of their claims for gratuitous consideration.

"In a few States the wards of the Asylum are thrown open, and made free to all citizens of the State, rich and poor, without distinction. There is an air of noble, open-handed benevolence in this system of organization; but there is no doubt that the advantages it possesses are purchased by many serious disadvantages, which certain adventitious circumstances will either increase or diminish. It cannot be questioned that under our present organization a few, at least, fully entitled to the benefits of the Asylum, and fit subjects for treatment, will, through the parsimony and short-sighted policy of certain officers, be excluded, greatly to the prejudice of the highest interests, public and personal. If it should be deemed desirable to make any change in the laws regulating the support of patients, it would be desirable, if possible, to combine the advantages of the two systems of organization, and avoid the disadvantages of both. After some thought upon the subject, it has occurred to us, in this event, to suggest a modification embracing the following features:

"*First.* An assumption on the part of the State of a portion of the expenses of the support of the pauper and indigent insane, to the amount, perhaps, of one or one and one-quarter dollars per week. *Secondly.* A uniform charge to the counties of two dollars per week, for the balance of the support of such patients, including clothing and damages, now extra items. And *Thirdly.* More stringent regulations in regard to the condition of patients when received, the manner of their discharge, and promptitude in payment of bills when rendered."



The number of admissions and discharges, with the results of treatment, for a period of fifteen months, are as follows : Admitted, 141 ; discharged 32 ; remaining 109. Of those discharged, 20 were recovered, 5 improved, 4 unimproved, and 3 died.

In noticing the medical history of those admitted, and the assigned causes of insanity, Dr. Van Deusen remarks :—

“The most notable feature in the preceding table is the great prominence which “ill health” has assumed, as a cause of insanity. Aside from these cases, a large proportion of those admitted were more or less seriously diseased physically, when received, and nearly all required immediate attention to some bodily ailment. In this respect the personal appearance of the patients presented for treatment at this Institution, has been in striking contrast with our experience elsewhere. The extent to which malarial influence, in many instances, had operated, either directly as a cause of mental alienation, or indirectly by inducing a general cachexia, is a most troublesome complication, especially during convalescence. In perhaps no class of cases in which insanity has a directly physical origin, can the connection between cause and effect be so easily traced and recognized as in these.”

Of course the first year of the history of an asylum affords little material for deduction or comment. But as Dr. Van Deusen's reports succeed each other, we shall expect to find in them much of value to the profession and to society, as the fruit of his accurate observation and careful experience.

2. Dr. Chipley's biennial report is in fact two annual reports in one pamphlet-cover. They treat in a full and interesting manner many points connected with the speciality, as they are suggested by the history of the Eastern Asylum.

Although not geographically central, in regard to population and facilities for travel this institution is most favorably situated, in the city of Lexington, for nearly the whole State. As the asylum at Hopkinsville is difficult of access from the northern and eastern portions of the State, and only sufficient for the insane from its own district, Dr. Chipley recommends the enlargement of the institution under his charge. This being now only of moderate size—overcrowded with a daily average of 230 patients—his policy seems a wise one, and, especially after the entire destruction by fire of the Western

Asylum, which has occurred since the date of the report, it will probably be at once carried into effect.

In the report for 1858, as in several other reports noticed in this article, we find grateful and complimentary allusion to a visit from Miss Dix. Dr. Chipley says :—

“ During the past year we had the good fortune to be visited by Miss Dix, a name that is uttered in blessings in every part of the civilized world. Her benevolence recognizes no distinction of sect or people, but flows in one unbroken stream wherever misfortune has left a wound to be healed or a broken spirit to be comforted. Beneath the burning rays of a tropical sun, and amid the bleak winds of the far north, the insane have heard her angel voice, and everywhere her footsteps may be traced in ameliorations which she may justly claim as the work of her own hands, and which will ever remain deep and ineffaceable evidences of the success of the holy mission of charity to which she has devoted so many years of her life.”

The usual statistics for the year are: Admitted, 57; discharged, 59; remaining, 226. 23 were discharged recovered, 20 died, and of 16 the condition is not stated.

In his report for 1859, Dr. Chipley congratulates the friends of the Asylum upon its improved condition, and the effect of this upon the health and comfort of the patients. He again recommends the enlargement of the buildings, and refers to the advantages this would give for extended classification, which is especially needed.

Considerable space in the report is devoted to a view of the number and condition of the insane in the State, and a powerful appeal is made in their behalf. The picture is a sad one, and none the less so that its outlines are so familiar to us in the reports of nearly all similar institutions throughout our country. There are about two thousand insane in the State, less than one-fourth of whom are in the two asylums. Not one-half of those for whom admission is sought can be received at the Eastern Asylum, which is rapidly becoming a mere asylum for incurables. The Western Asylum, it is supposed, will be equally crowded in the course of two or three years. The burning of the latter, already referred to, will now render immediate action in the matter imperative. It is not unlikely, we suppose, that financial considerations will utterly forbid the hope

of securing for all, or even a large proportion, of the insane of the State, provision of a kind approximating the curative standard. This will point to the adoption of a policy elsewhere forced into the systems of State charity, and supported as the best practicable solution of a long-vexed problem. An enlargement of the Eastern Asylum, as proposed, will make it the curative institution of the State; and district asylums, plainly built, and organized on a different basis, might be made chiefly for incurables. It has not been sufficiently considered, we fear, by those who have uncompromisingly advocated a single and that the highest standard of provision for the insane, that *all* of this unhappy class have a claim upon the public charity, and that no system, whatever may be its theoretical merits, which may not be expected to include the whole number in its beneficent operations, can be founded in justice and true humanity.

Some remarks of Dr. Chipley upon the criminal insane, and the plea of insanity in criminal cases, are of general interest. They are as follows :—

“Several persons have been committed to the asylum accused of crimes supposed to have been perpetrated under the influence of insanity. Of this number was one reported in the foregoing table as ‘not insane.’ An inquest was held—the jury found the prisoner ‘of unsound mind,’ and the court very properly ordered him to be conveyed to the asylum. A single day’s observation convinced me that he was malingering, and after detaining him a sufficient length of time to confirm the opinion beyond all doubt, the prisoner was re-delivered to the sheriff of the county where the felony is alleged to have been committed. He is now in jail awaiting his trial at the next term of the court. As one jury found this individual ‘of unsound mind,’ it is highly probable that, if he had been put upon trial for the crime charged against him, he would have been acquitted on the plea of insanity, and thus he would have escaped the just penalty of the law.

“Since this report was made up another person, acquitted of the crime of murder on the plea of insanity, has been committed to the asylum, and discharged therefrom on a writ of *habeas corpus*, after a detention here of only one week. I have reason to believe that this person never was of unsound mind, and that he escaped the rendition of a verdict on the merits of the charge only by the vicious and imperfect method of investigating this plea. A fair and reasonable opportunity for examination by experts would probably have given a different result.

"The plea of insanity is becoming alarmingly frequent, and many are suffered to escape under its cover the punishment due to crime. This is so, and it also frequently happens that persons are punished whom disease has rendered irresponsible for their acts, and who ought to be placed where proper treatment may be applied, while society is protected. It is in behalf of these unfortunates, and to further the ends of justice, that I would suggest the query, whether some change may not be made in the mode of investigating these cases, which would be likely to detect the guilty, protect the unfortunate, and satisfy public opinion. It may be impossible to give a definition of insanity which will embrace all cases; but there is at least one element that must enter into any definition that may be given, viz., disease. If, then, disease be a necessary element of insanity, freeing from responsibility, it is obvious that it presents problems that can be solved, with any degree of certainty, by those only who have made disease the study of life. It is a medical rather than a metaphysical question. This is the common opinion, and the courts act upon it, and seven physicians are always called to testify in such cases. But in most instances no suitable opportunity is afforded for investigation. Very frequently the medical witness sees the prisoner for the first time at the bar, and is required to pass gravely on his mental condition, with only a distant view of the accused, and the crude notions of unprofessional and probably ignorant and prejudiced witnesses as his guides. It is an embarrassing position, not willingly assumed by intelligent medical men. In fact, it is a matter of notoriety that physicians avoid a summons in such cases by every means in their power, when they would not shrink from the discharge of the duty, if allowed an opportunity to analyze the case as they are daily doing in regard to other diseases. They are required to pronounce an opinion which may involve the life of the prisoner on the one hand, or interfere with the just administration of the law on the other, on data which, in ordinary practice, would not authorize a diagnosis in any case of disease, or justify the administration of the simplest remedies.

"And then the manner in which medical men are called upon to pass upon the mental condition of prisoners, is not very favorable to a fair and unbiased expression of opinion, however honest the witness may be. They are sought out and introduced by the prosecution or defense, not so much to analyze the case, and to develop facts for the information of the court and jury, as to express an opinion to which they may have given utterance on insufficient data—an opinion founded generally on the one-sided and partial statements of persons interested in the issue. It is natural for persons with deep feelings for or against the prisoner, to be impressed favorably or unfavorably, as his interests are effected one way or the other. They may make their statement in all honesty, and with no design to misstate

or suppress any of the facts, yet experience shows that they are calculated to mislead and warp the judgment; so that, with the limited means of investigation allowed to medical witnesses, there can be no hope of arriving, with any degree of certainty, at correct conclusions. This is the source of most of the contradictory opinions elicited from medical men on the stand. Unbiased by partial statements, and having full opportunity for investigation, these differences would rarely if ever exist.

"There is another source of embarrassment and complication. The propriety of relying on medical witnesses in such cases, is only partially conceded. When they have given their opinion, it may be called in question and offset by the opinion of any non-professional witness, however ignorant—however destitute of all knowledge of mental philosophy—without the slightest acquaintance with disease—having perhaps never seen a case of insanity of any description. It is worthy of consideration then, whether some specific provision for the investigation of these cases would not further the ends of justice, and tend to allay public excitement, which is usually produced when insanity is alleged as an excuse for crime. With such opportunities for investigation as are afforded in France and some of the German States, it is scarcely possible for a pretender to escape detection, or an innocent man to be punished. But when the question is suddenly sprung, as is sometimes the case, at the trial of the offender, the medical witnesses, having neither the time or means of arriving at a satisfactory conclusion, it is not surprising that the guilty frequently escape under the plea. When this is the case, a double wrong is inflicted on society—the vicious violator of the law goes unwhipped of justice, and at the same time brings odium upon a plea which, when true, is the most sacred that can be made. Thus the escape of a guilty pretender has brought the plea into such contempt that it has sometimes failed to shield those who had a right to the protection it ought to afford the afflicted. In the State of Maine, the law is not unlike that which rules in some parts of Europe; it provides that—"When any person shall be charged with a criminal offense in this State, any judge of the court before which he or she is to be tried, on notice that a plea of insanity will be made, or when such plea is made in court, may, if he deem proper, order such person into the custody of the Superintendent of the Insane Hospital, to be by him detained and observed, until the further order of the court, in order that the truth or falsehood of the plea may be ascertained." In my opinion at least two other intelligent persons should be associated with the superintendent in this commission, and their report should be made in writing, setting forth in full, for the consideration of the court and jury, the reason why they believe the accused is or is not insane. Very few pretenders would have the temerity to submit themselves to the keen scrutiny and searching analysis of such a

commission. And then the protracted and careful investigation pursued, would effectually allay all the morbid sensibility existing in the public mind in regard to the too free admission of this plea as an excuse for crime."

Dr. C. proceeds to remonstrate against the admission of criminal lunatics to the wards of the Eastern Asylum. It is indeed a practice greatly to the discredit of the State, and can not, we should think, be much longer permitted by its citizens.

The general yearly statistics are : Admitted, 45 ; discharged, 43 ; remaining, 228. Of those discharged 19 were recovered, 9 died, 1 was not insane, and of 141 the condition is not given.

3. The third and—sad to write—the last report of the Kentucky Western Asylum, has the following general statistics for the year ending Nov. 30, 1859: Admitted, 129; discharged 51; remaining, 204. 38 were discharged recovered, 6 improved, and 40 died.

Dr. Montgomery is forced to dwell at some length upon a complication of evils, which have greatly hindered the workings of the Asylum, and have rendered its results very unsatisfactory. Among these evils are the unfinished condition of the buildings, the imperfect drainage, the insufficient supply of water, and the want of proper heating and ventilation. The particulars of this shameful condition of affairs are told with fidelity by Dr. M., and appear again in the sad record of diseases and deaths. An endemic dysentery, followed by one of fever appeared in the spring of 1859. Both were of a low and fatal type.

Another cause of just complaint is found in the financial organization of the Asylum. It is made to depend for its support upon annual appropriations by the Legislature, based upon an estimate made of the number of patients to be maintained, for the coming year. Similar unhappy results have attended upon the working of this blundering system whenever it has been adopted, and they are evidently necessary and legitimate to it.

If Dr. Chipley rightly protests against the treatment of insane convicts in association with the general insane, with even more force



does Dr. Montgomery denounce the treatment of idiots in the same wards with the insane. Will it be believed that 29 of the 337 treated during the two years just passed were idiots! Another fact, which tells too plainly, to those who understand all its bearings, the condition of the insane in the State, is, that of the whole number received, only fifty-seven, or one fifth, were acute cases.

Yet we need not dwell longer upon the details of a condition of wretchedness, which a culpable neglect on the part of the State authorities has brought about. They are reiterated in an attached report of the superintendent of repairs and improvements, appointed by the Board of Managers. At its close the following advice and warning are given. They have become prophetic:—

“The roof of the whole building will, before the next meeting of the Legislature, after the coming one, need repair badly; and, should a shingle roof be used like the present, there should be some plan of spark-arresters used in the chimneys, as there have already been a number of holes burned in the shingles by sparks. The risk is great, and with no provision for extinguishing fire, there would be no chance of saving the building, should a conflagration take place; and in such an institution it would be a dreadful calamity.”

4. Dr. Stribling's Report is, as usual, very full and minute in its tables of medical and general facts concerning the patients of the Western Virginia Asylum. “Table XII,” occupying thirteen pages of the report, “shows the applications for admission of patients into the Asylum, and the character of the answers thereto, during the two years ending September 30, 1859.” We are disposed to believe this a useful mode of varying the oft-repeated appeal for extended hospital accommodation.

The biennial statistics of results are as follows: Admitted, 102; discharged, 119; remaining, 372. 62 were discharged recovered, 9 improved, 8 unimproved, and 40 died.

It is noticed, as an interesting medical fact, that the nose-tube has been the only instrument used in forced alimentation for three years past. Dr. Hamilton, assistant physician, set forth the advantages of

this mode, it will be remembered, in an article contributed to this journal.

5. The report of Dr. Parker is an interesting one, though, as usual, brief. Several of the tables present the statistical facts of the institution in a novel form, but they have generally a definite and reliable appearance. Perhaps that "showing the form of insanity of 217 patients when admitted," is least satisfactory. These forms, recognized each in a certain number of cases, are mania, dementia, moral insanity, delusional insanity, imbecility, melancholia, monomania, epilepsy, idiotcy, puerperal mania, and catalepsy. Now, neither catalepsy nor epilepsy are forms of insanity; moral insanity and delusional insanity are grand divisions of mental disease, which must include all others but idiotcy and general mania; and melancholia, according to another and more common classification, would divide with monomania the cases of moral and delusional insanity. Again, the table referred to gives "imbecility, 25; idiotcy, 6,"—in all 31. Another table, "showing the ages at which insanity first appeared" in the same patients, gives "congenital, 11; under 10 years, 4,"—in all 15. How can we explain this discrepancy? The comments upon the tables, by Dr. Parker, are as follows:—

"The tables to which I have called your attention, have been prepared with care. The columns showing the causes and duration of insanity, must be taken with reservation. The difficulties under which a correct knowledge of them is obtained, are numerous and apparent. The column, too, classifying the peculiar form of insanity, is far from perfect, as every Psychologist will discover, since many forms are often blended in the same individual. Tables No. XI and XII, exhibiting the number and causes of mortality, and recoveries during the year, are of exceeding interest, and deserve explanation. From the statistics of insanity, a most important question, relative to the comparative mortality among the insane and sane, has been definitely answered. An authentic statement gives the average mortality among the sane of all ages, for a number of preceding years, at 2.24 per cent. Now, it is well ascertained that in every Asylum, whether at home or abroad, where statistics are published, the rate of mortality is very much greater. From reports of forty-five Asylums for the insane in this country and abroad, the average for five consecutive years gives a mean annual mortality of 11.86 per cent. The per cent. of cures

on the number of admissions, for the same length of time, and in the same institutions, gives an average of 39.93.

“By reference to Table XI, it will be seen that the per cent. of deaths on the number under treatment, is 7.69; and the per cent. of cures, including one that remains in the house, on the number of admissions, is 41.27. In the last number of the *American Journal of Insanity*, there is presented a table of general statistics of thirty-seven American Institutions for the insane. The ratio of recoveries to admissions among the several institutions for the year 1858, gives an average of 41.30 per cent. As appears in this table, the report of our Institution gives an average of 50.72 per cent. on the number of admissions. The difference in the per cent. of recoveries during the present and preceding years, is easily and most satisfactorily explained, by reference to the facts set forth in Table X, of my present report. It will be seen there, that out of the whole number of admissions during the year, there were but *eight recent cases*, the remainder having been insane between one and thirty years. This, taken in connection with the fact that the proportion of cures between one month and one year about equals the recoveries between one and thirty years, will explain the disparity in our report of cures of this and last year.”

In another part of the Report, the effects of the mode of supporting State institutions through yearly appropriations by the Legislature, are illustrated :—

“In my last Annual Report it was clearly shown, both from estimates made here and elsewhere in institutions of a similar character, that the provision made by the State for the support of beneficiaries was insufficient to meet their necessary expenses, and that the deficit was made up from profits accruing from the first class of patients. This is still a matter for your consideration. The increase from one hundred to one hundred and thirty-five dollars *per capita*, granted by the Legislature, still falls thirty dollars short of the amount expended by the Institution in their behalf, and is an error that needs prompt correction. But under the most favorable circumstances, by a rule establishing incontestably an annual increase of incurable cases, and hence permanent residents, our institution, in its department for males, must become strictly custodial, unless arrangements be made to overcome existing evils. But this is not all, as deplorable as such a state of things must appear. Unless these growing difficulties be promptly met and remedied, we must lose the character and position which we have so long and honorably maintained as an independent, *self-supporting institution*, and become a burden and incubus upon the State. In the name of that liberal policy which established our early existence; of that wisdom and philanthropy which have always distinguished our statesmen; of that pride and patriotism which still ani-

mate our people; and of that scourge from which none can claim continued exemption, I would reverently deprecate the issue."

The yearly, general statistics are : Admitted, 63 ; discharged, 53 ; remaining 194. Discharged recovered, 25, improved, 6, unimproved, 3, died, 19.

6. The fifth annual report of the Mississippi Lunatic Asylum, is the first of Dr. Kells, the present Superintendent, and thus does not discuss those topics which the medical history of an Asylum must ordinarily suggest. We notice, however, some pertinent remarks upon one of the causes of insanity, which seems to be most prominent in the southern and middle States. They are as follows :—

"It is often the case that parents, from considerations of family pride or temporal interest, have been induced to bring about blood alliances—alliances that give daily proof of being in violation of the physiological laws of reproduction, in the numberless cases of malformation of body and mind.

"The laws of reproduction require as their conditions for a complete fulfillment, a concordant diversity of temperament, and a thorough renewal of the blood—two states that are not satisfactorily obtained in alliances of consanguinity.

"The fact is patent to every observer, that consumption, scrofula, &c., are hereditary and transmissible diseases; and that they are the result of blood poison, rather than from vice of conformation. By a proper renewal of the blood for generations, the pathogenic taint may be entirely eradicated, but if intermarriages are persisted in, in the same families, extermination will be certain.

"We think it an incontrovertible position, that marriages founded upon lineal descent, will depreciate the physiological and organic powers of the offspring. And as we impair the organism of the mind, in just such proportion do we predispose to mental aberration; and just so of any other organ; the office is imperfect as the organ is imperfect.

"It is, therefore, proper that a word of caution be urged, to avoid these unfortunate, nay, I may say unnatural alliances, as their consummation has so often afflicted parents with issue that have been branded with anomalies of both body and mind."

The following are the general statistics for the year : Admitted and discharged, each 47 ; remaining, 106. Of those discharged 14 were recovered, 10 improved, 4 unimproved, and 19 died.

7. Dr. Barkdull finds "nothing of special interest to communicate" in his report. He is enabled to record a freedom from any epidemic disease during the year; at the close of which 157 patients were under treatment. 97 had been admitted, and 77 discharged. Of the latter 34 were recovered, 6 improved, and 37 died.

In commenting upon these statistics, Dr. B. says:—

"A majority of the deaths recorded were from among a hopelessly diseased lot of patients admitted from New Orleans, in the early part of the season, several of whom died within a few days, and others lingered out a miserable existence till death came to their relief.

"Other things being equal, the per centage of *restorations* during the year is about similar to that given in a previous report, and compares favorably with the ratio of '*recoveries on admission*,' as contained in an 'estimate of some *thirty-seven* similar institutions located in various sections of the Union.' The average per centage there given is 41.3, and in the same *table* the per centage of *recoveries* for 1858, in this institution, is put down at 38.19.

"Taking into consideration the fact, that we probably admit, during the year, a larger proportion of incurable cases than any Asylum in the country, we see no particular cause of discouragement at the result of our labors.

"Were we possessed of the facilities and appliances elsewhere employed, and which experience has found to be of great service in the treatment of the insane, in all probability a larger per centage would be improved, if not restored. Therefore, any degree of success we may have had thus far, must, in a great measure, be attributed to the healthfulness of the location, and the genial climate of this section of the Union.

"When the importance of free exercise, in the open air, to the well being of the insane, is fully appreciated, some just estimate can be formed of the advantages we possess in this latitude over those of more Northern climates, where it becomes necessary to confine the insane 'behind a lock and key nine-tenths' of their time."

"Nor can any system of *forced ventilation*, with all its acknowledged benefits, compare in results with the luxury enjoyed in this region, of free exercise, at all seasons, through our pleasant groves of towering pine and glorious magnolia."

The report concludes with urgent recommendations for needed improvements, and addition to the capacity of the Asylum.

8. Dr. Workman submits an elaborate and highly interesting report.



Four years ago, when the Toronto Asylum had become overerowed with incurables, some disused buildings in the city which had been designed for a University, were converted into a branch asylum for the accommodation of this class. Again, in a similar emergency, in the summer of 1859, the barracks at Fort Malden, near Amherstburg, were appropriated to the same purpose. At the present time both these buildings are occupied as branch asylums, the one containing 64, the other 141 patients, under the charge of assistant physicians of the parent institution. Much is due to the energy and perseverance of Dr. Workman for the accomplishment of these timely and liberal measures, and the Provincial Government is most fortunate in the service of such an agent in the care of its insane.

The purely professional services of Dr. W., are not, however, lessened by his philanthropic efforts. His observation and experience in the field of mental disease have been acute and extensive. We quote at length, in regard to statistics of insanity :—

“Although I hold in slight estimation the tabular statements with which some of the Annual Reports of Lunatic Asylums are chiefly filled, I comply with established custom, to a certain extent, by presenting some of the most interesting statistic results of this Asylum, which will be less annoying to the reader than long columns of minute details; remarking, however, that from the figures exhibited, whether covering a brief or a prolonged period, general conclusions are not to be rashly drawn. The statistics of insanity, as yet obtained, are very defective; and so long as no uniform system of recording and compiling them obtains, and inaccuracy in the valuation of the facts themselves continues to vitiate the entire structure, they must serve to but trivial good results.

The total number of admissions into this Asylum, as recorded in the nineteen years which have elapsed since the first opening of the temporary institution, in the old gaol within the city, has been 2,244.

Of which were of married men,	532	}	- - -	1225.
“ “ single “	693			
Of which were of married women,	655	}	- - -	1019.
“ “ single “	364			

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Total - - - 2244.

To infer from the preceding figures that men are more liable to insanity than women, might be an incorrect conclusion. The figures should



be held as merely the exponents of the operations of this Asylum in the department of admissions; they are not reliable indicators of the actual incidence of insanity in the sexes. Taking the admissions of the last seven years, instead of those of the entire period, it is found that the admissions of women have a little exceeded those of men.

"Again, with respect to the comparative liability to insanity, of married and unmarried life, it might appear that married men are less subject to the malady than single men, and that single women are much more exempt than married women; and probably this conclusion may appear warrantable from the aggregate Asylum statistics of America,—and yet I am very doubtful whether marriage is justly chargeable, to any extent, with the production of insanity. Probably the contrary is the fact.

"Women in America marry young, and the proportion remaining single is small; and as insanity occurs most largely in the period of life between 25 and 35, we should expect to meet with more insane married women than single. Men, even in America, marry later in life, and consequently a larger portion of them are found insane in single life. It is, however, a fact which must not be concealed, that, owing to a deplorable cause, single men are more subject to insanity than married men; and worse still, that the secret vice which causes this preponderance, is almost ever sure to develop an incurable form of the malady. The Asylums of this continent abound with the wretched victims of this apparently concomitant curse of advancing civilization,—a curse which medical alienists regard, not as the result of ignorance, but as one of the products of that which is called improved modern education. I cannot further, in this place, pursue this painful and delicate subject; but it is right that I should add, that every American Asylum physician will corroborate the statement, as to the sad concomitancy between our system of youthful training, and the constantly augmenting population of our insane institutions.

"'Where ignorance is bliss, 'tis folly to be wise.' It would, however, be imprudent, if not useless, to provoke a discussion, in which the multitude without facts, would array themselves against a few with too many facts. We must move onward with the current, and build more Asylums.

"An important question connected with insanity, is the tendency of the malady to recurrence. It was the opinion of Tuke, that only two out of every five persons discharged recovered, remain permanently sane. Dr. Tuke must have based his conclusions on the records of his own institution. The proportion of recurring cases of insanity cannot, however, be ascertained from a limited field of observation.

"It is a very important question, whether all the patients declared recovered, and accordingly discharged, have actually been fit for discharge. Probably the most fruitful cause of relapse has been the er-

ror of too early discharge in the first period of treatment. The great difference between the number of second and third admissions, appears to favor this opinion. Recurring insanity is, perhaps, more largely hereditary than other forms; and its first attacks are of short duration and of trivial intensity. It might be no violation of truth, or of sound philosophy, to regard hereditary insanity as the quasi-normal mental condition of many of its subjects, who may require but the slightest disturbing agency to transfer them across that 'debatable border land,' which may more truly be said to unite insanity to reason, than to separate distinctively the one from the other. Were this portion of mental territory more carefully explored, we should probably find both its transient and its permanent population more numerous than may be supposed.

"We should be very doubtful of the ultimate immunity of speedily cured lunatics. It will perhaps be found that the average asylum residence in the first attack of a given number of patients of the recurrent class, is much shorter than that of an equal number of the non-recurrent class,—even when due circumspection in discharging is observed.

"The records of this asylum show that the average first residence of 190 relapsing patients, re-admitted once or more, prior to the 1st July, 1853, was only five months and three days; and of 90 since re-admitted, seven months and eighteen days. Both these averages fall much below that of the asylum residence of non-relapsing patients.

"In the early years of the institution, discharges seem to have been made without much hesitation, and re-admissions were proportionally more numerous than of late years. The total re-admissions in nineteen years have been as follows: second admissions, 283,—third admissions, 82,—fourth admissions, 28,—fifth admissions, 11,—sixth admissions, 5,—seventh admissions, 3,—eighth admissions, 2,—ninth admission, 1. Total, 415. Deducting the total re-admissions, 415, from the total registered admissions, 2,214, there remain 1,829, as the nett number of persons admitted; and the nett registered under re-admission being 283, the proportion has been 15.47 per 100. The discharges in the above period have been, including elopements, 1,280; consequently the proportion of relapsing patients has been, to discharges, 22.11 per 100.

"These figures afford a much more pleasing view of the prospects of the recovering insane, than the calculations of Tuke; and yet I feel certain the proportion is higher than it should have been, as I propose now to show.

"Taking the first six and a half years' admissions on the register, in comparison with those of the last six and a half, we find the following facts:—

"In the former, within the period itself, 531 first admissions gave

93 relapsing patients, or 17.51 per 100. In the latter, within the period, 735 first admissions have given only 45 relapsing patients, or 5.22 per 100. In the former period, the discharges are equal to 62 per cent. of the admissions. In the latter period they are only 52 per cent.

"The science of Lunatic Asylum Statistics requires more than a single reading for its thorough understanding."

Religious delusion is given as the cause, or as the prominent symptom of insanity, in 24 cases, or 19 per cent. of those admitted. Hereditary predisposition was traced in 18 cases. Dr. W. refers to these cases as follows :—

"As to religious delusion as a cause or form of insanity, the figures shown above are not exaggerative. As the country has, for some time, been exempt from any intense or extensive religious excitement, the number of cases of emotional or physical religious insanity, has been but trifling. These, however, are badly compensated, by increase in other forms of the malady, less hopeful, and far more perplexing.

"Reasoning mania, in any of its varieties, is a formidable type of mental disease ; and under the august sanction of religious dogmatism, it assumes, perhaps, its most obstinate and alarming form. Suicidal propensity is seldom absent in such cases.

"Among the religious patients admitted in the past year, there have been found a number who accuse themselves of having committed 'the unpardonable sin,' and in consequence believe themselves doomed to inevitable perdition. If those who teach doctrines of this character, were, by law, sentenced to serve a definite period in an Asylum, nursing the victims of their dogmas, and guarding them from self-destruction, it would, perhaps, tend to the removal of the evil. I have seen one patient, whose case might well have taught discretion to a thousand.

"Unfortunately for these poor maniacs, they are but too much instructed in the Scriptures—or rather in particular portions of them ; and for every text of hope and consolation, they are provided with their counter texts. They have read, and studied, and reasoned, and argued too much, and too long, on their religious perplexities ; and so far from being benefited by conversation on these topics, it is absolutely necessary to avoid all reference whatever to them, if we would do them any good ; but only in a Lunatic Asylum is this attainable.

"Patients of this class, before coming to an Asylum, have not been left unreasoned with. Their relatives and their religious teachers have plied every argumentative, and every persuasive means to drive or to draw them from their delusions ; but with the established and natural result of but confirming them yet more deeply. These pa-

tients require for their benefit the mental vacuity of a mad-house. They should be placed among those who can not or will not argue with them; and they should have opportunity of contrasting their own delusions with those of others of a different form, and thus at all events to find some relief in deriding, as they fail not to do, the errors of their associates, who, happily, are too much absorbed in their own foibles to enter into discussion on any others.

*'Similes similibus curantur.'*

"The very objection that is most commonly advanced against the fitness of a Lunatic Asylum for the purpose of mental restoration, constitutes the curative mystery of such institutions.

"That insanity (by whatever exciting cause immediately evoked) has in hereditary predisposition its most nutrient source, is beyond doubt; yet in 125 cases, only 18 are certified to have this connection. These figures are very much below the truth. I have, not unfrequently, in my intercourse with patients, or with persons unconnected with their families, discovered the fact when it has been denied in certificates.

"I remember one remarkable case, relative to which, when conversing with a brother of the patient, I expressed my belief that the disease was hereditary. The man protested it was not; but through the intervention of a third party, in a few minutes I elicited the facts that a grand-parent on both sides had been insane, and one of them had committed suicide; also that an aunt was idiotic.

"Hereditary insanity is not a disease which commits such havoc as hereditary consumption, or similar bodily devastators. It is more fitful in its incidence; and when at length it ceases to be exceptional, it has degenerated to family idiocy, and thus consummates its own extinction; and such ever is nature's great purpose. Insanity would die out if the sane avoided intermarrying with insane stock.

"There is good reason to hope that hereditary insanity will not increase in this Province. The best guarantee against the evil, is the intermixture of nationalities in this new country. Those, however, who, from prejudice, or from ignorance, overlook this precaution, and select as partners of life only their own country folk, must expect to perpetuate the malady in their descendants."

If any apology were necessary to our readers, for the length of the above quotations, it would be sufficient to refer them to the following, from the conclusion of this excellent report:—

"In concluding this report I would beg to observe, that I have endeavored to construct it with the double reference of adaptation to the conveyance of useful and interesting public information in this Province, and to those requirements which the eminent qualifications

of your Board, and the present state of psychological investigations in other countries, appear to me to indicate ; reserving for communication to your Board, in my intermediate quarterly reports, those details of internal administration which may then more advantageously be submitted to your consideration. I avail myself of this occasion to state, that the annual reports of Asylum Superintendents in Europe and America have, under a system of general courteous exchange, become important channels of useful information to the whole body ; and it has sometimes been to me a source of deep regret, if not of national shame, that, from causes above my control, I have been unable to reciprocate the polite attention of my confrères. I have, since my appointment, collected and preserved many volumes of these valuable documents for the future benefit of this institution, and the promotion of psychological science in this country."

The usual statistics for the year are as follows : Admitted, 125 ; discharged, 77 ; remaining, 524. 35 patients were discharged recovered, 2 improved, 2 unimproved, and 38 died.

9. Dr. Waddell's report is very brief, and his remarks are confined chiefly to matters of local interest. Subjects which have before formed the burden of his communications—" the unfinished state of the institution ; the evils consequent upon over-crowding ; the want of proper facilities for classifying ; the dangerous and imperfect heating arrangements, &c., &c."—are, we are sorry to observe, necessarily recurring. He is encouraged, however, by the fact that, by an act of the Legislature, the partial responsibility for these evils and the duty of remedying them, are removed from the Board of Commissioners, and devolved upon the Provincial Board of Works, who are also members of the Government.

The statistics for the year, are : Admitted, 79 ; discharged, 80 ; remaining, 154. 29 were discharged recovered, 26 improved, 4 unimproved, and 21 died.

10. The report of Dr. Stokes was received early in the past year, and marked for notice in the first number of our present volume, but by mistake it was passed over.

Dr. S. submits some pertinent and forcible observations to the public on the causation and treatment of insanity. 43 cases, or



15.4 per cent. of those admitted during the past year, are attributed to intemperance. This is exclusive of 22 cases of *mania a potu* received, (which are also excluded from the general statistics of the year) and indicates an unusual amount of insanity resulting from this vice.

A most interesting part of this report is the encouraging account of progress in the building of the New Mount Hope Institution. Dr. Stokes says:—

“The work on the New Hospital, which was commenced in June last, has been steadily prosecuted through the summer and autumn. One section of the building has already advanced so far towards completion as to be roofed in, and the work on the interior is rapidly advancing. The section almost completed has a front of 117 feet, and is four stories in height. It contains the following apartments: 44 wards for patients, 4 parlors, 4 rooms for attendants, 4 associate dormitories, 4 dining rooms, 4 mess rooms, 4 bath rooms, and 8 rooms for other purposes. Two stairways, one of which is fire-proof, will ascend to the upper stories, and special pains are taken in the plan to provide for the convenience and safety of the inmates. By the latter part of summer, it is supposed this section will be in readiness for occupancy. The experience of another year only adds fresh testimony to the fact of the urgent necessity which exists for additional accommodations, and of having this section of the building completed and furnished at the earliest moment. The constantly crowded state of the present Institution, and the increasing applications for the admission of patients from a distance—showing the wide-spread reputation of the Institution throughout the land, for the gentleness, kindness, and tender care bestowed by the Sisters upon the afflicted subjects of this distressing malady—all call imperatively for expedition in rendering this portion of the edifice available for use. With this finished and furnished, we shall be at once able to send many quiet and convalescent patients to this secluded and healthy locality. There will be no necessity then to reject any proper applications. We shall have room for all.”

135 patients were admitted during the year, 102 discharged, and 177 remained. Of those discharged 39 were recovered, 33 improved, 14 unimproved, and 16 died.

In the annexed table we give the general statistics of thirty-three American Institutions for the Insane, for the year 1859, or for twelve months nearly corresponding to the calendar year. In one only, the



Western Kentucky Asylum, are the statistics for two years. The "per cent. recovered on admissions" in the New Hampshire Asylum for 1858, was given in our table last year, as 22.45. It should have been 31.63.

The per cent. recovered on the total number of admissions in the following table, is 40.2.

## SUMMARY OF STATISTICS OF AMERICAN INSTITUTIONS FOR THE INSANE.

NAMES OF INSTITUTIONS.	Admitted.	Discharged.	Remaining.	Total Treated.	Recovered.	Improved.	Unimproved.	Died.	Per cent. Recov'd on Admissions.
Maine Hospital, .....	149	120	237	357	58	22	23	17	38.8
New Hampshire Asylum, .....	85	83	184	267	38	16	12	17	44.7
Vermont Asylum, .....	156	140	431	511	67	17	16	40	42.9
Massachusetts Hospital at Worcester, ....	200	184	317	501	89	52	13	30	44.5
Massachusetts Hospital at Taunton, ....	231	191	341	532	98	22	29	42	42.4
Massachusetts Hospital at Northampton, .	93	80	233	213	33	18	10	19	35.4
McLean Asylum, (Mass.), .....	131	142	175	317	61	36	17	28	46.5
Butler Hospital, (R. I.), .....	42	42	135	177	14	16	2	10	33.3
Hartford (Conn.) Retreat, .....	168	156	227	383	70	37	29	20	41.6
New York State Asylum, .....	312	295	519	814	114	57	89	35	36.5
Bloomington Asylum, .....	138	131	152	283	55	32	26	18	39.8
New York City Asylum, .....	389	333	711	1044	148	68	31	86	38.0
New Jersey State Asylum, .....	186	173	306	479	76	69	2	26	40.8
Pennsylvania Hospital, .....	171	147	250	401	94	31	8	14	54.9
Pennsylvania State Hospital, .....	143	136	274	410	31	39	43	23	21.6
Western Pennsylvania Hospital, .....	108	98	100	198	44	36	8	10	40.7
Friends' Asylum, (Penn.), .....	25	29	58	87	6	2	3	4	24.0
Maryland Hospital, .....	99	101	106	207	69	1	18	13	69.7
Mount Hope Institution, (Md.), .....	135	102	177	280	39	33	14	16	28.8
Government Hospital, (D. C.), .....	65	44	138	182	20	6	8	10	30.7
Western Virginia Asylum, .....	102	119	372	481	62	9	8	40	60.7
South Carolina State Asylum, .....	63	53	194	256	25	6	3	19	39.6
Mississippi State Asylum, .....	47	47	106	153	14	10	4	19	29.7
Louisiana State Asylum, .....	97	77	157	234	34	6		37	35.0
Eastern Kentucky Asylum, .....	45	43	228	371	19			9	42.2
Western Kentucky Asylum, .....	129	84	204	288	38	6		40	29.4
Ohio Central Asylum, .....	180	221	214	435	105	28	75	13	58.3
Ohio Northern Asylum, .....	120	137	138	275	57	14	63	3	47.5
Ohio Southern Asylum, .....	116	117	160	277	73	7	20	17	62.9
Indiana State Hospital, .....	203	178	303	480	95	17	54	12	46.8
Michigan State Asylum, .....	141	32	109	141	20	5	4	3	14.2
Canada West Provincial Asylum, .....	125	77	524	603	35	2	2	38	28.0
New Brunswick Provincial Asylum, .....	79	80	154	234	29	26	4	21	36.7

*Elements of Medical Jurisprudence.* By THEODRIC ROMEYN BECK, M. D., LL. D., and JOHN B. BECK, M. D. With Notes, by an Association of the friends of Drs. BECK : The whole revised by C. R. GILMAN, M. D. Eleventh edition. Philadelphia : J. B. Lippincott & Co. 1860.

*A Treatise on Medical Jurisprudence.* By FRANCIS WHARTON, Esq., and MORETON STILLE, M. D. The Medical part Revised and Corrected, with Numerous Additions, by ALFRED STILLE, M. D. Second and Revised edition. Philadelphia : Kay & Brother. 1860.

IT is not our purpose, in bringing together at this time the two great works whose titles are above given, to critically survey any portion of the vast field of knowledge which they present ; but only to notice the circumstances under which they are now published, and to denote the peculiar value and characteristics of each. Of course, also, it is in place here to refer only to those parts of these volumes which discuss the legal relations of insanity.

It is now ten years since the latest previous edition of *Beck's Medical Jurisprudence* was given to the medical and legal world. The work had already passed through four American, one German, and four London editions, and had met with the most flattering tokens of appreciation from the members of the two professions in Europe and America. Five years ago Dr. T. Romeyn Beck, the principal author of the treatise, and writer of the chapters on Mental Alienation, died. How greatly his loss was felt by the medical and legal professions not only, but by all interested in educational and social science, has already been dwelt upon in this journal, of which he was for a long time the editor, and ever its firmest supporter and friend.

The relations of insanity to law and to medicine, however skillfully they may be brought to be viewed from one stand-point, must necessarily be studied separately, and under entirely different aspects.

Dr. Beck was no lawyer, and his confession, made fifty years ago, in his thesis on insanity, at receiving his doctor's degree, that he was "one whose opportunities of viewing the disease had been scanty, and whose information was derived principally from books," was never afterwards, in his busy life, cancelled in effect by the study of insanity in the wards of an asylum. But it was probably better, at the period when he wrote, and for the want which his treatise was to meet, that, as he was not a trained jurist, so he should not be mainly and distinctively an alienist. At that time much less was known and established in either profession on the subject of insanity than at present, and particularly was this kind of knowledge less general than it has since become. The first work upon medical jurisprudence published in the English language, was that of Dr. Farr, in 1788, and it was not until 1806 that the first British professorship of that science was created, by the appointment of Dr. Andrew Duncan, Jr., at Edinburgh. Dr. Beck's treatise was first published in 1823, and thus was among the earliest systematic works upon the subject in the language. The rapid development of the science—especially in the field of mental medicine, tending to erect for it a department of its own—was fully appreciated by Dr. B., and, in the last edition of his work, he proposed thereafter to omit the chapter on Mental Alienation, with a view of preparing, in conjunction with Dr. Brigham, a separate volume on the subject.

In the edition of his work now before us, the chapter on Mental Alienation has been in great part re-written by Dr. D. Tilden Brown, Superintendent and Physician to the Bloomingdale Asylum, near New York city. In a prefatory note to this portion he says:—

"In preparing the present edition of his work, the friends of Dr. Beck, feeling that the author did not regard his chapter on Mental Alienation as commensurate with the importance of the subject, nor with the present state of psychological or medico-legal science, had contemplated omitting it altogether. A desire to retain the conservative views held by Dr. Beck on certain points connected with the jurisprudence of insanity induced the course adopted. At the same time, it was thought proper that the portion of the chapter which treats of the phenomena of mental diseases should more nearly conform to the present state of knowledge. With such purposes the an-

notator has added to the text such matter as seemed to him adapted to this end.

"Even if adequate to the objects of a work like this, such descriptions must still be necessarily incomplete. Recognizing, however, the importance, both to the jurist and physician, of a general treatise on insanity, the recent work of Drs. Bucknill and Tuke, entitled '*Psychological Medicine*,' London, 1858, is recommended as a comprehensive and meritorious combination of the labors of two eminently qualified experts, and as one worthy of acceptance as a standard text-book on the topics of which it treats."

Although we must acknowledge the force of the reasons which have limited the labors of Dr. Brown to the result so modestly referred to, yet we have no doubt that many friends, both of the lamented author and himself, will regret that one holding the same conservative and practical views which have done so much to establish the value of the treatise, had not, with his abundant experience and well-known ability, entirely re-written and greatly extended the part committed to him. This part is only sections I. and II., on Idiocy, and on Insanity proper. The section on the legal relations of insanity has very properly been left nearly as it was found. It was here that the great research and the sound judgment of Dr. Beek were mainly displayed in his work, and the value of this part would, perhaps, of itself have been a sufficient reason for the issue of the present edition. Dr. Gilman has added a few pages of extracts from recently published charges of distinguished judges, to "show that the law as to the criminal responsibility of the insane, is entirely unsettled."

In the second volume, the closing chapter on medical evidence has been thoroughly re-cast, and much new matter added from the valuable experience of Dr. G. As is well known, this portion in the former editions had been submitted to the revision and correction of the late Hon. John C. Speneer, and was a most useful and important essay. At the close of this notice we shall copy four pages from this interesting chapter.

Mr. Wharton's chapters in which "mental unsoundness is considered psychologically, and in its legal relations," are no doubt better fitted to meet the wants of the experienced alienist, and of the legal profession, than any essay upon the subject yet published in this country.

In logical arrangement of subjects, in a concise and forcible style, and in aptness and fullness of illustration, they are worthy of the highest praise. We confess our incompetence to criticise in any respect the first part, in which the purely legal relations of insanity are discussed, and venture to suppose that only the most learned and experienced jurists would feel themselves fit for the task. Not only the latest American and British authorities are incorporated here, but also the most important results of recent Continental study and research. It is perhaps in his treatment of the psychological relations of insanity that the full value, especially to the less advanced student, of Mr. Wharton's labor and materials is not brought out, from the lack, it seems to us, on the writer's part, of a practical acquaintance with the subject. Not by any means that we would have the hobbies of a specialist obtruded in such a place. This fault has done much to lessen the usefulness of several treatises of the kind, both British and American. But in regard to system, classification, and weight of medical authority, as well as some less important particulars, the experience of a practised alienist would have added greatly to the value of the work.

"In the present edition," says Mr. Wharton, "nearly three hundred pages have been added to the legal and psychological department. The chapters on Insanity have been re-arranged, expanded, and in some material points, corrected, so as to bring them in harmony with the current decisions of the English and American courts."

The chapter on *Psychical Indications*, which we have been permitted to re-publish from the monograph, in which it bore the title of "*Involuntary Confessions*," is entirely new, and is a fitting close to a work which we believe has no superior as a book of reference and practical utility, and which, as a scientific treatise, is perhaps in advance of any thing before published upon the subject.

We quote, in conclusion, the following, upon the opinions and testimony of medical witnesses, from Dr. Beck's chapter on *Medical Evidence*, as revised and added to by Dr. Gilman:—

"We have now supposed the facts to be in evidence. The next difficulty, and it is the great one in most cases, is the interpretation



of these facts, the opinion which the experts form upon them. Here those differences in opinion, which so often in courts of justice puzzle judges and discredit medical witnesses, usually take their rise. The witnesses disagree on the bearing and weight of certain facts, and the inferences to be drawn from them; and these differences will be exaggerated by the lawyers, each of whom will try to drive the witnesses as far to his side, and of course apart, as possible. Much of this could doubtless be avoided if the medical witnesses on either part could meet and consult together. As this is not ordinarily possible, the differences will remain, and each witness must make his evidence as strong as possible. For this purpose it is necessary he should be aware:—

“*First.* That his opinion must be based exclusively upon the medical facts of the case. ‘It is not the province of the expert to draw inferences of fact from the evidence, but to give his opinion on a known or hypothetical state of the facts.’\*

“*Second.* Physicians are not allowed to give their opinions on the case as it is submitted to the jury. In the case of *Reg. v. Pate*, a medical witness said: ‘From all I have heard to-day, and from my personal observation, I am satisfied the prisoner is of unsound mind.’ For this he was sharply rebuked by Baron Alderson, who added, ‘*I will not permit any medical witness to usurp the functions of both judge and jury.*’† So in *Jameson v. Dunkald*, 2 Moor’s Rep., p. 128, it was held that, ‘when scientific men are called as witnesses, they are not entitled to give their opinions on the case, but only to the facts proved on trial.’ In *Rex v. Wright*, Russell and Ryan, p. 456: ‘Several of the judges doubted whether the witness could be asked his opinion on the very point which the jury were to decide, viz., whether, from the testimony given in the case, the act as to which the prisoner was charged was, in his opinion, an act of insanity.’‡ But they all thought that in such a case a witness of medical skill might be asked whether, in his judgment, such and such appearances were symptoms of insanity—and that by such questions the effect of his testimony in favor of the prisoner might be got at in an unexceptionable manner. ‘In this country, the present practice, when medical men are examined as experts, is to ask their opinion as to a hypothetical state of facts. If they happen to have been present during the whole trial, they may be asked their opinion as to the particular facts, supposing them to be true; but the determination of the truth or falsity of the evidence itself should be re-

\* Mr. Joshua Curtis, in *U. S. v. McGlue*, 1 Curtis’ U. S. Reports, 1.

† Blackwood’s Magazine, November, 1850, p. 559.

‡ See 19 Wendell, 576, where other cases are cited.—J. C. S.



served exclusively for the jury.\* Medical opinions, when given under these restrictions, do not, as is well observed by Briand, 'usurp the functions, but only serve to enlighten the consciences of the judge and jury.'

"*Third.* Medical men are not usually allowed to quote the books of authority in their profession to fortify the opinions they have given in the case. In *Collier v. Simpson*, 5 Car. and Payne, 73, it being proposed to put in medical books of authority, to show what were the received opinions in the medical profession, Tindal, C. J., said: 'I think I can not receive medical books. You may ask the witness whether, in the course of his reading, he has found this laid down. I do not think that the books themselves can be read, but I see no objection to asking the witness his judgment, and the grounds of it, which may in some degree be founded on books, as a part of his general knowledge.' 'It may be remarked that this does not apply to medical books alone, but as well to treatises on law or any other science. These may sometimes be read to inform the mind of the court, but never as evidence. A general history of a country may be read, not precisely as evidence, but to refresh the memory of the court as to general facts which it is presumed to know.'—J. C. S.

"The practice under this rule does not seem to have been very uniform. As long ago as the trial of Spencer Cowper, when Dr. Crell referred to medical authorities, it was objected to by the bench. Dr. Crell remonstrated. 'My Lord,' said he 'it must be by reading as well as a man's own experience that will make any one a physician, for without the reading of books in that art, the art itself can not be attained to. I humbly conceive that in such a difficult case as this, we ought to have great deference for the reports and opinions of learned men. Neither do I see any reason why I should not quote the fathers of my profession in this case, as well as you gentlemen of the long robe quote Coke upon Littleton in others.'† The doctor was allowed to proceed in his own way. But, *per contra*, in *Rex v. Downal*, for poisoning, when Dr. Neale quoted Thenard, Justice Abbot said: 'We can not take the fact from any publication; we can not take the fact as related by strangers.' Against this exclusion of the written authorities of their profession, medical men have protested very vehemently. The editors of the *Edinburgh Med. and Surg. Journal*, vol. xix., p. 480, say: 'It appears to us that no witness can follow this advice without compromising the right and dignity of his profession, as well as the force of his evidence; for it would not be difficult to show that medical evidence altogether is little else than a reference to authority.' And again: 'The practice

\* Wharton and Stillé, p. 77.

† Hargrave's State Trials.

of the English judges in excluding a reference to authors, evidently arises from the principle in law that nothing is evidence which is not delivered upon oath. But is an oath more binding than the solemn act of sincerity between the author and the world by the very act of publication? Would Paris and Foublanque be better authority if they swore to it before the twelve judges? And is it not manifest that, if the exclusion be made to act systematically, it must inevitably end in excluding medical and scientific evidence altogether? For scientific inquiries at law can scarcely be anything else than a tissue of references to written authorities. Of what use would be all the personal experience of any physician, unless he knew, by referring to that of his predecessors, the conclusions he is entitled to draw from it?\*

"[With all proper deference to the learned editors and to the memory of the good Dr. Crell, their complaint seems to have but little basis, when we look at the reason of the admission and exclusion as given above by the clear-minded Spencer. If a general history can be read only to refresh the memory of the court as to something it is supposed to know, surely that affords no pretence for the reading of Thenard's Chemistry, of which the court was sure to know nothing; and so of Coke upon Littleton, etc. As to the legal rule 'excluding medical and scientific evidence altogether,' does not Tindal's dictum open the door wide enough to satisfy any reasonable man? 'You may ask,' says he, 'the witness whether, in the course of his reading, he has found this laid down; you may ask his judgment, and the grounds of it, which may in some degree be founded upon books, as a part of his general knowledge.'

"[What more than this can medical science ask? That the exclusion of medical books arises from no disposition to undervalue medical learning, is shown by the severe but well-deserved reproof which Chief Justice Dallas gave to a flippant medical witness who spoke slightly of books, saying 'that the writers of books would advance anything.' 'I will not sit here,' said the learned judge, 'and hear science reviled by ignorant tongues, and the recorded researches of the medical world misrepresented, as leading only to uncertainty.'—C. R. G.]

"'It is not settled whether, when one medical man contradicts another on a point of opinion, it is competent to re-examine the first in order to clear up the difficulty. In a late case this point occurred. Lords Gillies and Meadowbank were for admitting the re-examination, and the Lords Justices Clerk and Hermand against it. The examination, under these circumstances, was not pressed by the crown.'

\* Edinburgh Med. and Surgical Journal, vol. xix., p. 610.

"[In practice there is great inconsistency in the matter of allowing the use of medical authorities. They are usually shut out; yet the very judge who refuses to allow a medical witness to refer to books will, in the same case, quote from these authorities; and the lawyers, while they object to books, will often refer to them, and even ask the witness whether this or that writer is a good authority, and when an affirmative answer is obtained, quote the book to contradict the testimony of the witness.]"

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## S U M M A R Y .

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**HYPOCHONDRIACAL INSANITY AS A PRECURSOR OF GENERAL PARALYSIS.** BY M. BAILLARGER, OF THE SALPETRIERE, PARIS.—General paralysis is a common and most serious phase of mental disease. It attacks patients of all ages, and its progress towards a fatal termination exhibits stages of the most melancholy and humiliating nature. All medical men accord it as being most insidious in its approach. It may be long in becoming fully developed, presenting at first only the most trivial indications, in many cases so trifling as to pass altogether unobserved; and when the malady does at last attract attention, it may be too late for arresting its advance. It is therefore most important to attend to this disease at the very first; and it is with this object that it seems useful to describe the intimate relation existing between the hypochondriacal form of melancholia and general paralysis.

The relation being understood, it becomes one means of detecting the advent of that disease at the very commencement of its attack. It is of importance to distinguish this symptom, as the melancholy accompanying general paralysis very much resembles melancholia in its simple form. The conceptions or illusions of the hypochondriac, however, although of considerable variety, are yet of such a tendency as often to present something of a special character in their nature. The patients believe that their various organs are changed,

destroyed, or completely obstructed: they pretend, for example, to have no mouth, no abdomen, no blood—that their gullet is stopped up, their stomach quite full, their bowels shut up; they imagine that their food passes from its ordinary channels—that it gets into their skin, or even their clothes. Four patients believed their body to have become putrid. Many among such are afflicted with hallucinations of smells. Some keep their eyes closed, and allege they are blind; others cease to speak, and state afterwards that it was impossible for them to open their mouth; they assert that they cannot swallow, nor defecate, nor make water; they affirm that their members are altered—that they are larger or smaller; they say they do not exist, or even go so far as to believe themselves dead; they remain motionless, the eyes shut, and when their limbs are lifted they let them fall, as if completely paralyzed. These different delusions lead to serious consequences: many of the patients refuse, more or less obstinately, to take food, and sometimes it becomes necessary to feed them by means of the stomach pump; and such patients speedily become much emaciated. I have seen, says M. Baillarger, a lunatic die in eight days from obstinately resisting the employment of the stomach pump, under the impression that his stomach was completely full, and his gullet obstructed. One patient pretended he could not make water, and used every effort to retain it; his bladder became enormously distended, and he was at last attacked by a veritable retention, and it was with great difficulty the catheter could be used. In the end a false passage was made, and the patient died, while yet in the first period of the disease.

The tendency to gangrene, which is one of the characteristics of general paralysis in its latter stages, exists in these cases markedly, and before its usual period. Four cases had large eschars over the sacrum, without ever having been confined to bed; one woman, who for a year had exhibited all the symptoms of commencing general paralysis, preserved every appearance of health otherwise, when, all of a sudden, she became affected with hypochondriacal melancholia, and six weeks afterwards died of gangrene in both feet.

Hypochondriacal delirium is thus not only a mere premonitory

symptom of certain forms of paralysis, but it is a serious symptom, and one very unfavorable in prognosis.

In reference to this affliction, viz., that of hypochondriacal insanity—viewed as one of the precursors of general paralysis, this being the fact of most practical value in connection with it, the delusions of which we have spoken seem to claim especial attention, as they are sometimes to be detected in patients as yet evincing no indication of paralysis—this supervening at a later period. Such a termination is certainly not invariable; but is so common after this symptom, and the prognosis in such cases is so unfavorable, that considerable importance seems to attach to the subject. Thus Dr. Combes published some remarks on a case of “*Lypémanie*,” with stupor, and other serious symptoms—nothing, however, indicating that at a later period this patient should be attacked with paralysis; and, after fifteen months’ residence in this asylum, where he was treated, he was dismissed as cured. In reading Dr. Combes’s remarks, I was struck, observes M. Baillarger, with certain of the delusions affecting this patient. He had believed that he was about to die, if indeed not already dead; that his limbs were atrophied, that he had none, etc. These appearing to be good grounds for suspicion, I wrote Dr. Combes to know what had become of the patient. The answer confirmed my suspicions to be correct;—the result having been that, after a year’s return to his occupations, he had been attacked with general paralysis. We may see by this example, that, had hypochondriacal delirium been held as a certain precursor of general paralysis, this affliction might have been foretold two years before it actually took place.

It may appear strange that one form of insanity should thus be urged as premonitory of paralysis. Singular as it may seem, however, it is not the first time that such a doctrine has been urged. Since the writings of Bayle, no medical man doubts the fact of certain forms of insanity, such as the ambitious form, being symptomatic of approaching paralysis. And if one form of delirium be held, in mania or monomania, as indicating the advent of paralysis, there seems no reason why this particular hypochondriacal form should not serve the same purpose, and with equal certainty, in melancholia.



We do not attempt explaining these facts; and, we may add, it seems useless to do so, either here or in the case of ambitious insanity. One point connected with the ambitious form may be mentioned; and that is, the relative frequency of general paralysis among females in different ranks of society. While this malady is equally common among males of all classes, among women it is not so. It is very common among the poor, and very rare among the rich. It would appear, however, that this circumstance has been forgotten by those who would explain the greater number of cases of ambitious insanity as induced by ideas of speculation—by the desire of suddenly arriving at honors and fortune.

In conclusion, it appears evident that hypochondriacal no less than ambitious insanity may, in different circumstances, be considered as a prognostic of general paralysis. The intention of the present paper has accordingly been to direct attention more particularly to the latter of these forms. As for the first, I have frequently had occasion, before now, to refer to it in all its remarkable psychological characters.—*Gazette des Hôpitaux*, Sept. 1860, and *Edinburgh Medical Journal*, Dec. 1860.

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PERVERSION OF THE MENTAL AND BODILY FACULTIES AS PREMONITORY SYMPTOMS OF GENERAL PARALYSIS. BY M. BRIERRE DE BOISMONT.—This paper, read at the meeting of the "*Académie des Sciences*," Sept. 24, 1860, may be considered as a sequel to that of M. Baillarger, read at its previous meeting, and just noticed. After alluding to the medico-legal aspects of such cases as are characterized by a tendency to theft and other criminal propensities, the author states that his observations have been carefully collected from a hundred examples falling under his own care, and respecting which he had already communicated to the *Société Médico-Psychologique* those alterations in character and disposition throwing light upon the question under discussion.

According to his observation, the most frequent symptoms—in fact, what occur in three-fourths of such cases—are, great irritability,



movements of impatience, anger, and violence. In a much smaller proportion of cases, the disease assumes, on the other hand, characters of indolence, and apathy, and gentleness. Such patients are reasonable and well-conducted; but between their words and actions there is an insurmountable discrepancy observable.

In place of either of these states of mind, or along with either of them, we frequently find perversion of the moral faculties: individuals who until then had been of unimpeachable character, suddenly becoming irreligious, immoral, or dishonest. These indications are important to be observed, as they are often unsuspected by any one as being connected with the diseased condition existing. The propensity to steal is, perhaps, of all others the commonest among this class of symptoms, and seems to some extent connected with that peculiar flow of spirits common in such patients, and evinced in their delusion that they are rich, powerful, and lords of all that they see—a state of mind which, in its results, sometimes entails the most painful consequences.

It is thus certain that the greatest change in the character and conduct is often observed in connection with general paralysis, giving rise to acts of an eccentric or reprehensible nature. Such acts are, no doubt, frequently to be met with as ordinary manifestations of the disposition, but their sudden and unaccountable accession results from mental disease, and is especially connected with general paralysis: they are its premonitory symptoms—*avert-courriers*, as they have been styled by Dr. Forbes Winslow, in his work “On Obscure Diseases of the Mind and Brain.”

Our principal reliance in the diagnosis of such cases must rest on the general bearings of the disease. In the greatest number of instances where sudden alteration in character, disposition, and conduct become apparent, there is reason to fear the accession of general paralysis; if the age is from 35 to 45 years, and excess of some kind, such as sexual or intellectual excess, and hereditary predisposition can be added, the prognosis becomes all the more certain.

Besides these characteristic symptoms, we must not lose sight of a very common occurrence connected with them,—that is, the frequen-

cy of attacks of the nature of cerebral congestion. This may occur in the shape of a transient stunning sensation or giddiness, and pass off without attracting much notice; but it does so more commonly, and is of serious importance. Such congestions entail weakening of the intellectual faculties, loss of memory, and absence of mind. The mind loses its ordinary power. If the patient resume his occupation, and take to any work requiring application, the difference is at once observable in his capability of conducting it. His benevolence is greater than usual; there is a confidence betraying itself in his speech, which foretells the advent of insanity in its ambitious form. On the other hand, but less frequently, there is a state of dejection, the tendency to melancholia and hypochondriasis.

But the disorders of the muscular system are the key or touchstone for our guidance in this disease. One of these is of much importance, and manifests itself in a passing, transient trembling of the lips; a scarcely perceptible embarrassment in speech; a hesitation in pronouncing a certain word or letter, which does not occur except at long intervals. Taken by itself, this symptom may not be determinative, although it is of great assistance: but if it be added to diminution of motive power, such as may be observed in asking the patient to grasp one's hand, or his own limb, the certitude becomes increased tenfold. To these symptoms may be added, inequality of the pupils, exaltation or failure of the sexual functions, diminution of the cutaneous sensibility, tremors of the muscles, and the results of analysis of the urine, and the indications afforded by means of electricity. We have also, in many cases, adds the author, observed paralysis of the sixth pair, amaurosis and attack of deafness, precede by several years the occurrence of general paralysis, and serve as the means for its prognosis.—*Gazette des Hôpitaux*, Oct. 1860, and *Edinburgh Med. Journal*, Dec. 1860.

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SOURCES OF SHAKESPEARE'S THEORY OF THE BRAIN, AND OF THE CIRCULATION OF THE BLOOD.—The first of the two-fold operations of sack ["*It ascends me into the brain; dries me there all the*

*foolish and dull and crudy vapours which environ it :"* etc.] is founded upon a singular theory of Hippocrates, which will be best given in this place by a quotation from the learned "History of Physic," by Daniel Le Clerc, written in Shakespeare's century.

"*Of the Brain.*—The brain is reckoned by Hippocrates among the glands, because it appeared to him of the same nature, being white, friable and spongy, as they were. And he believed that the brain sucked up the superfluous humors of the body, like the other glands, which being of a spongy nature, imbibe, says he, moisture easily.

"But there is this further of the brain; that the head being hollow and round, draws incessantly, like a sort of cupping-glass, the moisture from the rest of the body, which rises in a vapour; after which, it being overcharged, it sends it down to the lower parts, especially the glands, from whence comes defluxions and catarrhs.

"Hippocrates, in some other places, makes the brain the seat of wisdom and understanding, although as we have seen before, he lodges the soul, which is the same thing with the understanding, in the left ventricle of the heart."

The crudy vapors which environ the brain are thus explained as the moisture which rises to this organ, "in the form of a vapour," and which being of a watery nature from thin potations, Sir John would, no doubt, think foolish, dull and crade, in comparison with the more stimulating and generous exhalations of a good "sherris sack." It will be observed that Shakespeare follows Hippocrates in attributing not only this humoral function, but also the intellectual function, to the cerebral organ, or rather, in confounding the two together.

"The second part of your excellent sherris" [*"the warming of the blood; which, before, cold and settled, left the liver white and pale,"* etc.] has reference to another theory of Hippocrates, namely, that the veins, which were thought the only blood vessels, had their origin in the liver. The father of medicine maintained that they came from the liver: the arteries from the heart. It appears, however, that in different parts of his works he expressed different opin-

ions on the relations existing between the veins and the heart. The origin of the veins, however, in the liver is, at least in one place, decidedly expressed by him, and was by his successors developed into an article of physiological faith, which continued to be held even to Harvey's times. The following passage, from the biography attached to the Sydenham Society's edition of the "*Works of Harvey*," states this fact clearly.

"In ancient times, indeed, the veins were regarded, as they are esteemed by the vulgar at the present hour, as the principal vessels of the body; they only were once believed to contain true blood; the arteries were held to contain at best but a little blood, different from that of the veins, and mixed accidentally in some sort with the vital spirits, of which they are the proper conduits. In former times, farther,—times anterior to Harvey, whether more remotely or more nearly,—the liver, as the organ of the hemapoesis, was regarded as the source of all the veins, or of all the proper blood vessels; the heart, as the generator of heat and the vital spirits, was viewed as the mere cistern of the blood, whence it was propelled by the act of inspiration, and whither it reverted during the act of expiration, its flow to this part of the body or to that, being mainly determined by certain excitations there inherent or specially set up. By and by, however, the liver was given up as the origin of the venous system generally; but such anatomists as Jacotus Sylvius, Realdus Columbus, Bartholomæus Eustachius, and Gabriel Fallopius, may be found opposing Vesalius in regard to the origin of the vena cava, and asserting that it takes its rise from the liver, not from the heart, as the great reformer in modern anatomy had maintained."—*The Life of Harvey*, p. 51.

We must not overlook the very distinct terms in which Shakespeare, in this passage, refers to the motion of the blood, "and makes it course from the inwards to the parts extreme."

"The vital commoners and inward petty spirits muster me all to their captain, the heart." This hypothesis, that the heart was the head quarters of the vital spirits which permeated the body through the arteries, adopted by Galen, was held, as Dr. Willis has shown

even by those anatomists who have been put forward as rivals to the great discoverer of the heart's true function; thus Servetus, in the much diseased passage of the "*Restitutio Christianismi*," says, "The vital spirit has its origin in the left ventricle, the lungs assisting especially in its generation; it is a subtle spirit." Also Cæsalpinus, whose guesses at the heart's function have been put forward to detract from Harvey's originality, held that "the dilatation of the heart and arteries was due to the effervescence of the spirit."

The clearest, but most succinct account which I have met with of the psychological opinions of the sixteenth century, is in the wonderful melange of learning, dirt, and humour, "*The History of Gargantua and Pantagruel*," book iii., chap. 3. Rabelais, who was both a practising physician and a medical author, having translated and published some of the works both of Hippocrates and Galen, here condescends to place before the general public, and truly in the vernacular of his country, a concise account of the opinions which his brethren held it almost a matter of professional honour to conceal from the vulgar gaze under the cloak of a dead language. So far as I am able to judge, however, this clear-sighted exposition is, in many respects, far in advance of the medical doctrines of the period, as might indeed have been expected from the almost miraculous insight of its author, whose disguise of buffoonery scarcely concealed a most unsafe originality of thought, and saved him from the dire penalties which would otherwise inevitably have attended it. In another passage which I have quoted under *Coriolanus*, Rabelais expresses the doctrine of the function of the liver which is implied in *Falstaff's* disquisition, namely, that the liver conveys blood through the veins for the good of the whole body.

"The intention of the founder of this microcosm is, to have a soul therein to be entertained, which is lodged there as a guest with its host, that it may live there for a while. Life consisteth in blood; blood is the seat of the soul; wherefore the chiefest work of the microcosm is to be making blood continually.

"At this forge are exercised all the members of the body; none is exempted from labour, each operates apart, and doth its proper

office. And such is their hierarchy, that perpetually the one borrows from the other, the one lends the other, and the one is the other's debtor. The stuff and matter convenient, which nature giveth to be turned into blood, is bread and wine. All kinds of nourishing victuals is understood to be comprehended in these two, and from hence in the Gothish tongue is called *ecmpanage*. To find out this meat and drink, to prepare and boile it, the hands are put to work, the feet to walk and bear up the whole bulk of the corporal mass; the eyes guide and conduct all; the appetite in the orifice of the stomach, by means of a little sourish, black humour, called *melancholy*, which is transmitted thereto from the milt, giveth warning to shut in the food. The tongue doth make the first essay, and tastes it; the teeth do chew it, and the stomach doth receive, digest, and cherish it. The mesaraic veins suck out of it what is good and fit, leaving behind the excrements, which are, through special conduits for that purpose, voided by an expulsive faculty. Thereafter it is carried to the liver, where it being changed again, it by the virtue of that new transmutation becomes blood. What joy conjecture you, will then be found amongst these officers, when they see this rivulet of gold, which is their sole restorative? No greater is the joy of alchymists, when, after long travail, toil, and expense, they see in their furnaces the transmutation. Then it is that every member doth prepare itself, and strive anew to purify and to refine this treasure. The kidneys, through the emulgent veins, draw that aquosity from thence which you call urine, and there send it away, through the ureters to be slipped downwards; where, in a lower receptacle, and proper for it, to wit, the bladder, it is kept, and stayeth there until an opportunity to void it out in his due time. The spleen draweth from the blood its terrestrial part, viz., the grounds, lees, or thick substance settled in the bottom thereof, which you term *melancholy*. The bottle of the gall subtracts from thence all the superfluons choler, whence it is brought to another shop or work-house to be yet better purified and fined, that is, the heart, which by its agitation of diastolic and systolic motions so neatly subtilizeth and inflames it, that in the right side ventricle it is brought to perfection, and through



the veins is sent to all the members. Each parcel of the body draws it then unto itself, and, after its own fashion, is cherished and alimented by it. Feet, hands, thighs, arms, eyes, ears, back, breasts, yea, all; and then it is that who before were lenders, now become debtors. The heart doth in its left side ventricle so thinify the blood, that it thereby obtains the name of spiritual; which being sent through the arteries to all the members of the body, serveth to warm and winnow the other blood which runneth through the veins. The lights never cease, with its lappets and bellows, to cool and refresh it; in acknowledgment of which good, the heart, through the arterial vein, imparts unto it the choicest of its blood. At last it is made so fine and subtle within the rete mirabile, that, thereafter, those animal spirits are framed and composed of it; by means whereof the imagination, discourse, judgment, resolution, deliberation, ratiocination, and memory, have their rise, actings, and operations."

This certainly is a nearer approach to Harvey's discovery than any I have elsewhere met with in the physiology of the period, and might, by a liberal interpretation, be taken to imply, that what Shakespeare calls the "nimble spirits in the arteries," and "the vital commoners and inland petty spirits," was really blood which had been spiritualized or aerated in the lungs.

The origin of the old opinions appears to have been the following passage in Hippocrates' "Book on Aliments:"—"The root of the veins is the liver, and the root of the arteries is the heart; and from them blood and spirits are carried to all parts, and heat passes with the same."—*Bucknill on the Medical Knowledge of Shakespeare.*

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THE CRETINS OF ALLENBERG.—In the profession of medicine we may accept the political maxim, which teaches one nation to profit by the misfortunes of another; but not in a political sense. We may thus profit by the physical misfortunes of others, but only when we apply a superior intelligence to the art of remedying them. Then we may learn new methods and new principles, acquire fresh resources, and rise to the level of those who have most effectually and wisely

studied their art, by simple imitation, or by consenting to learn from others, if with the desire to push still farther their successes. Dr. Guggenbühl, known throughout Europe as the founder and director of the institution at Abendberg for the treatment of cretins, has addressed to us various inclosures\* descriptive of that establishment, in furtherance of the general discussion upon which we have recently entered, of the existing provision for the care and culture of idiots, and the necessary extension and amelioration of their present status. The general scope and manner of foundation of Dr. Guggenbühl's institution are so well known in this country, that we shall not need to enter into any minute particulars; but a few additional details will be interesting.

Dr. Seoutetten, President of the Medical Societies of the Moselle, a distinguished physician who lately visited Abendberg, speaks of this interesting institution as in active and fruitful employ, filled with cases of distressing cretinism, of whom there were but few that did not manifest signs of mental regeneration and physical development. It was the encouraging result of the first year's labour of Dr. Guggenbühl which, in 1816, led some philanthropic ladies of Bath to attempt something for the poor idiots of our own country, who are, in many cases, more curable than cretins. Hence the Idiot School of Bath arose—the first school for training and teaching idiots instituted in this land. It was presided over by Miss White, a lady who acquired a knowledge of the system practised at Abendberg, and devoted herself to the foundation of this new school. In the same way, in the year 1847, out of a deliberation whether to send an idiot child to the Abendberg, arose the thought of establishing an institution in our own country. So from the Abendberg sprang forth the asylum at Highgate, which was subsequently removed to Essex Hall (Chester) and Red Hill. To this institution of Dr. Guggenbühl may be traced nearly all the efforts which have been made in our latest times to train and to cultivate the mind and body of the idiot. There is, therefore,

\* *Die Erforschung des Cretinismus und Bösismus, nach dem jetzigen Zustande der Naturwissenschaft.* Von Dr. Guggenbühl. Wien, 1860. Also, Reports in German, French, and English, from Rokitansky, Schroff, Turck, and Seoutetten.

a central interest attaching to this institution, and the intelligence of its continued success affords a hope of the general radiation throughout Europe of the precept and practice approved by experience there acquired.

Dr. Guggenbühl calls attention to the highly arched palate of the idiot, as indicating atrophy or atresia of the base of the brain, no less than depression of the vault shows imperfect development of the upper convolutions. The first care in training the idiot is to ascertain the force of intelligence, the instincts, and the sentiments, and so to strengthen those of which he is capable, that they may supply the place of those which are deficient. The first difficulty is that of articulation; this is taught in class by repeating the names of objects. It is seriously difficult to combine their attention by a common idea. Dr. Guggenbühl employs two means. In the day he strikes suddenly a Chinese gong, the sound of which deafens the tympanum, silences conversation, and excites a movement of surprise. He seizes that moment to commence prayers, and then, either by imitation or obedience, all the children listen to the voice of their master. In the evening he employs another resource not less ingeniously devised. Such pupils as are capable of receiving the first notions of reading are collected in a darkened chamber, and suddenly on a black-board at the end of the room, they behold a glittering line of fire—a letter of the alphabet, traced by the aid of a pencil of phosphorus. The rapid line of light surprises the children, and attracts them to give their attention to what is passing. The o is usually drawn first, for from this, by simple changes, may be constructed an a, b, d, g, q, p, &c., By such ingenious means, and, above all, by perseverance in them, Dr. Guggenbühl succeeds in ameliorating the physical condition and strengthening the intellect of his unhappy charge; and after four, five, or six years they may thus become useful members of the society which they had burdened and deformed.

The study of these results has led to the issue of commissions by the King of Sardinia, the King of Wurtemberg, the Emperor of Austria, and the Emperor of France. Formerly, all these countries were worse provided with the means of caring for their idiot population

than even we were. Now, they are, for the most part, greatly in advance of us. The labors of Dr. Guggenlühl, continually increasing in their success and their extension, demand earnest help, while they should excite patriotic emulation in every European country.

In his last publication, Dr. Guggenlühl insists upon the necessity of an European statistical inquiry and researches on a level with the present state of the natural sciences, to arrive at final conclusions on the difficult and complicated question of the cause of cretinism and idiocy. Meanwhile, he has the satisfaction of seeing his work more and more imitated and appreciated in all quarters of Europe, even in those which have hitherto been backward. Commissioners from several countries have this year visited the Abendberg to make themselves acquainted with the method of treatment: from Paris has come Dr. Parchappe, the Emperor Napoleon the Third having given 50,000 francs for founding a large cretin hospital in Savoy; from the Russian Government, Dr. Ther, the Emperor having ordered that a series of such institutions should be founded in Russia; from Spain came Dr. Prydas, who is employed in furthering the work in his native country; while the Austrian Government has recently decided to build a new hospital in the Alps. These wide-spread efforts cannot fail to produce results valuable to humanity. Dr. Guggenlühl utters an aspiration that they may be fertile in scientific results, and especially that by systematic investigation the chief cause of this affliction of the human race may be ascertained. He is himself disposed to attribute it to "a kind of malaria which predisposes to this epidemic degeneration of human nature." Dr. Guggenlühl proposes, however, to verify this opinion by positive endiometric researches, in which he looks forward with confidence particularly to British skill and British philanthropy.—*London Lancet*, Dec. 1, 1860.

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DR. J. PARIGOT ON THE MANAGEMENT OF THE INSANE IN BELGIUM.—The success or not of establishments instituted for the relief of the insane may be said chiefly to depend upon one principle, to

wit, the ratio of approximation existing between the administrative and medical departments of the establishment. In proportion as these are in antagonism, we shall find the condition of the insane more or less unsatisfactory; in proportion as they approximate in object and in action, we shall find the state of the lunatic more or less ameliorated. The great aim of medicine is to make every asylum a hospital for the cure, not a prison for the detention, of the insane; and that asylum is the most perfect one which could rightly have inscribed in great letters above its gates, the legend borne aloft by Dr. Parigot,—“*ici l'on guérit pour en sortir au plus vite.*” Quick to cure, reluctant to detain.

In a report\* made by Dr. Parigot to the Brussels Society of Medical and Natural Sciences, we have a critical sketch of the present condition of the establishments for the insane in Belgium. We shall not follow the author's observations in detail, because, whatever short-comings or successes are at the present time to be noted in the different Belgian asylums, they, as in this country, may be referred to the principle we have already laid down. We shall confine ourselves, therefore, to Dr. Parigot's general conclusions as to the requisites necessary for the further amelioration of the condition of the insane in Belgium, and to his remarks on the lunatic colony at Gheel.

And of the latter first. There has been of late a growing belief in England that the success of Gheel, as a lunatic establishment, was such as might have been anticipated from the seemingly admirable principles on which it is now founded. Dr. Parigot admits the justice of the belief, but at the same time he advances an explanation why Gheel has latterly deteriorated, which is not a little instructive. His statement is briefly this:—

Before the law of the 18th June, 1850 came into operation, Gheel was a species of *port franc* for madmen. The entrance was easy, but the exit was difficult. The communal administration, as well as certain contractors, regarded Gheel as a warehouse for storing luna-

\* “Observations sur le Régime des Aliénés en Belgique apropos d'un livre de M. Duepôtiaux, intitulé: Notice sur les Etablissements d'Aliénés des Pays-Bas.” Par le Dr. J. Parigot. Bruxelles. 1850.

ties, and they sought here and there for the insane in regular trade fashion, extolling the advantages Gheel offered in an economical point of view. The lunatics transmitted there were regarded as so much goods, and commonly finished their days under the charge of those who received them. These were the peasants (the fosterers) who were charged with the charitable work of tending upon the unfortunates, and who obtained *this favor* by paying a higher rate for their commodities and lands. Since 1803 another, a third element, became operative in Gheel. The principal communes which had patients there sent to Gheel a representative, whose duty it was to overlook the lunatics who were lodged and clad by the commune he represented. Brussels elected Dr. Parigot to perform this function for its lunatics. At the time of these appointments, Dr. Parigot tells us that the administration of the colony was in the saddest confusion, and that the position of the lunatics was perhaps even more cruel than that of the negroes he had seen in South America. The only check to unbounded neglect rested in the individual kindness of the keepers, but this was sufficiently sound in character, and abundant in amount to effect great improvements. When backed by the support and aid of the representatives of the different communes, Gheel improved visibly after the appointment of these representatives, and everything bid fair for a thorough reform. But a difficulty arose which put a stop to further progress, and under the influence of which Gheel is gradually deteriorating to its original state. The interest of the principal communes was solely that of their patients; the interest of the executive of Gheel was that of the commune in an economical point of view. The one looked at the patients from a medical and charitable point of view: the other from a commercial. When, therefore, the disturbing element of inspection by the different communes was introduced, and when, subsequently, the central government interfered, and by the appointment of a committee of direction and inspection sought to amend matters at Gheel, the council of that commune at once entered into fiercest opposition. It held that *its rights* (') had been invaded, and so successfully has it maintained its opposition, that the interference of the central government



has been rendered of none effect, and the communal council is now free from any serious control. Moreover, the inspectors of the different communes have been withdrawn, and unless some check be again interposed, Gheel will revert to its ancient state. Dr. Parigot suggests a "very simple remedy" to this state of things. He proposes:—

1. To confine the duties of the local committee, as well as of all the committees of the kingdom charged with that task, exclusively to inspection.

2. To appoint a director responsible to the minister, or his representative, as well for the legal duties concerning collocations, as for the material and financial administration of the establishment.

3. To appoint the physician-inspector responsible director of all that relates to the moral, hygienic, and sanitary state of the establishment. This comprehends necessarily the classing of the keepers, the allocation or removal of the insane. A special register which could be consulted by those whom it might concern, and which would show the reasons which govern the classification, and the ordinary mode of distribution, of the insane among the fosterers. This register would be open to protests.

4. To appoint an assistant physician-inspector, to aid in the infirmary, to keep the medical register, to perform autopsies, &c., and who would be librarian of the establishment, and would help the inspector with the annual report.

5. A new and single statute would be required. Experience shows that regulations by royal or ministerial decree fail practically.

6. The committee, the director, and physician-inspector, &c., should correspond directly with the Minister of Justice; the two employés, nevertheless, would do this only in exceptional cases, when, for the good of the service, it is found that the hierarchical way will not suffice.

With respect to the farther improvement of lunacy administration in Belgium, the conclusions which Dr. Parigot has arrived at, and which were adopted by the Society of Medical and Natural Sciences, were as follows:—

1. It is essential to organize in Belgium, either in the universities

or in the great asylums, that branch of medical instruction which treats of psychiatry, in order to furnish a medico-psychological clinique.

2. It is requisite to organize the medical service of the asylums by making the staff of physicians proportional to the number of patients, so that in the curative arrangements no physician shall have charge of more than fifty cases.

3. It is necessary that this service be in every way similar to that of ordinary hospitals, in which the curative methods employed by the heads of the staff can be controlled by the visitors.

4. The posts of clinical assistants, and even of assistant-physician, should be placed *au concours* among the young medical men leaving universities. While waiting for a vacancy the elected should be sent to certain foreign hospitals.

5. A medico-psychological clinical establishment, containing fifty beds, is alone to be recommended in provinces where there is not yet an asylum; this establishment ought to be situated at a little distance from the chief town.

6. The older closed asylums, or the free, as Gheel, should always have a medico-psychological clinique.

It would appear from this highly-interesting pamphlet of Dr. Parigot's, that there are at the present time fifty-one lunatic establishments of all kinds in Belgium; and that while the number of insane in 1853 amounted to 4,051, since that time (within five years) it has increased to 4,598.—*Winslow's Journal of Psychological Medicine*.

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NOTICE OF DR. DAHL'S REPORT RESPECTING THE INSANE IN NORWAY.—The work before us is the result of observations made during official journeys undertaken by the author, with the sanction and at the expense of the Government, and continued during a period of about seven months, with a view to ascertain the cause of the great preponderance of insanity in certain districts of Norway. The volume contains three principal divisions, the first treating of the details of

the occurrence of insanity in Norway; the second of the etiology of mental affections in that country; and the third of the condition and treatment of the insane.

Much of the carefully collated information contained in the first division of the work is of almost purely local interest, consisting of comparative views of the frequency of insanity in the several districts of Norway. It may suffice for our present purpose to state, that by the census of 1855, it was ascertained that the number of insane in the kingdom was then 5,071 in a population of 1,490,047, or 1 in 293.8, exhibiting an increase since the preceding census in the population of 12.16 per cent., and in the number of the insane of 18 per cent. The proportion of insane was greater in the country districts than in towns; in the three last decades the number of idiots was about three times greater in the former than in the latter. The author concludes the first division of his work by instituting a comparison between Norway and some other countries, and observes that "although no other country, with which I am acquainted, exhibits such unfavorable circumstances as Norway, it will be seen that the difference is not so great as has been supposed."

Of the causes of insanity in Norway, the most important are hereditary predisposition, the intermarriage of near relations, and the use of spirituous drinks. That the preponderance of insanity in certain parts of the kingdom is due to causes included under the third head, will appear from the following comparison between the number of sober individuals and of insane in each of the five dioceses of Norway. It will be seen that the last district in the table alone furnishes an exception to the general rule, that the smaller the number of sober individuals in a district, the greater is the proportion of insane to the population.

	Sober Individuals in 100 of the Population.	Proportion of insane.
Diocese of Christiansand, .....	56.2.....	1 in 246
" Christania, .....	59.5.....	1 " 287
" Trondhjem, .....	63.4.....	1 " 296
" Tromsø, .....	70.5.....	1 " 361
" Bergen, .....	72.6.....	1 " 345

An examination of the smaller subdivisions of the kingdom yields

results very similar to the above. The exceptions, of which, as is to be expected, there are some, are for the most part not important.

The author expresses his opinion that the abuse of brandy, especially by the fathers, but partly by the mothers during pregnancy and suckling, has exercised a considerable, perhaps the most considerable influence in the production of the large number of idiots in the kingdom.

Dr. Dalrymple next proceeds to review the several causes of acquired insanity. These he enumerates as depressing mental emotions; states of bodily weakness, produced, for example, by famine, injudicious bleeding, parturition, suckling, self-pollution, religious influence, &c. Each of these causes is illustrated with a number of cases, giving a highly practical character to the work. The third section of the second part is devoted to the consideration of the several causes of idiocy.

The last part of the volume is, as we have already stated, occupied with the condition and treatment of the insane.—*Dublin Quarterly Journal of Medical Science.*

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DR. WILLIAM WOOD ON GENERAL PARALYSIS.—In the *British and Foreign Medico-Chirurgical Review*, for July 1860, is published an elaborate essay upon general paralysis, including a minute and faithful description of the early symptoms and the progress of this disease, and remarks upon its diagnosis, pathology, and treatment. The article is worthy of notice not only from its intrinsic interest, but because it so fully and ably presents to the profession at large a form of disease the study of which has been mostly confined to the specialty of mental medicine.

We regret to notice that Dr. Wood devotes the first three or four pages of his essay to an effort to substitute the term "progressive paralysis of the insane," for that of "general paralysis." Such a change seems to us not only inadvisable from the fact that the latter term has become so completely settled in medical language, but because there

are really fewer objections to its use than to that of any other which has been proposed.

Dr. Wood's objections to the term "general paralysis" are: 1. That we do not mean to describe a condition in which there is absolute loss of power and sensation. 2. That it fails to indicate certain points which are of the first importance in a differential diagnosis of the disease, and in view of its treatment. He also urges that as Calmeil, the great authority on the subject of this disease, has found the name so inappropriate as to endeavor to change it, and to substitute that of "incomplete general paralysis," the discussion of a new term is in order, and should be made so general that when one is adopted it may be satisfactory and permanent.

His arguments in favor of the term "progressive paralysis of the insane," are as follows:—

"It may be remarked then, in the first place, that this disease is essentially progressive in its nature, as distinguished from the more ordinary forms of paralysis, which are usually established somewhat suddenly. It commences so insidiously, that until it has made fatal progress it can hardly be said positively to exist; and although the attendant symptoms furnish a strong suspicion that it is, in fact, in a progressive state of development, many of these symptoms are observed in cases where the patients recover without manifesting any positive paralysis. Then, again, this form of paralysis is progressive not only in its development in the particular part or parts of the body in which it first presents itself, as evidenced by the gradually increasing difficulty of articulation, &c., but also in its extension by degrees not only in the parts already attacked, but in turn to all parts of the body, until every limb and every function become involved, and ultimately so deprived of nervous influence, that life can no longer be maintained, the vital organs ceasing to act, not as a consequence of structural disease in themselves, for it is not uncommon to find in post-mortem examinations of these cases the contents of the chest and abdomen healthy, but as the result of a certain altered condition of the brain and its membranes. Seeing, then, that this disease is in its nature essentially progressive, I propose to adopt this word in preference to that which is now admitted to be inappropriate, and to speak of the 'progressive paralysis of the insane,' instead of the 'general paralysis of the insane.' I am aware that this description is open to the objection that the disease which it is intended to designate does not invariably advance to a fatal termination without remissions, and that consequently it is not at all times pro-



gressive. But notwithstanding the occasional alleviation of the symptoms, the actual arrest of the disease, when once fully established, is very rare, and, with few exceptions, the general condition of the patient continues to deteriorate, although there may be from time to time a temporary gleam of reason, and with it some increase of voluntary power. The return of all the symptoms in the same, if not in greater intensity than before, proves that the fire, though for a time subdued, was not extinguished; that, in fact, the disease still existed, though there had been every now and then a lull in the symptoms. Then, again, as already observed, the disease, unlike most others, is not limited to any particular limbs or organs, but by progressive steps it comes at last to involve every part of the body; and this being a chief characteristic of the malady, must remain a fact, whatever different views, in consequence of increased experience and improved means of observation, we may be led to entertain of the pathological changes which attend, and which are presumed to cause, these peculiar symptoms.

"Various alterations have been from time to time proposed in the name of this disease. M. Parchappe calls it '*folie paralytique*;' and this designation has been adopted by M. Jules Falret and others. M. Reguin proposed to substitute "*paralysie générale progressive*" for the '*paralysie générale des aliénés*,' and this, again, has found favour with some who have written on the subject. To say nothing of the inconvenience which would attend the employment of this phrase in consequence of its length, it does not appear that we gain anything in correctness of designation by retaining the word '*générale*,' and therefore I have adopted the expression '*progressive paralysis*,' as convenient and more in accordance with the phenomena which are presented; it also has this advantage, that it will be equally applicable whatever the mental condition, and this is of more importance, inasmuch as considerable difference of opinion exists amongst French writers on this subject as to the circumstances in connexion with which these symptoms are occasionally developed, some maintaining that they frequently occur without any well-marked mental disturbance, others believing that this never occurs, and that the disease is, in fact, peculiar to the insane."

As Dr. Wood's inquiries into the pathology of the disease are mainly brought to bear upon the question of nomenclature, and as no hopeful system of treatment is recommended, we need only notice the points already stated.

The force of his objection to the word "general," that the paralysis thus distinguished is not complete, does not appear. By a common and well-established usage, "general" may signify the contrary of local or limited.



The question as to the fitness of the term "general paralysis" for a differential description, leads us first to ask, what series of phenomena belong to the disease. Now there may be no doubt, as several distinguished French alienists have told us, that the peculiar motor and sensory impairment does appear, pursuing its usual course and reaching a fatal termination, without any degree of mental disorder. But no British or American authority, we believe, has made this a reason for considering insanity an accidental complication of the special form of paralysis. Dr. Wood expressly states that he does not favor such a view of the subject. Again, our theory of the seat of the disease and the nature of its proximate cause, although it may not afford us a name, may influence the choice of one. If it be true, as Calmeil and others maintain, that the lesions are those of a "chronic diffused peri-encephalitis," then this is the proper term to be used. Dr. Wood appears, in the extract already given, to have partially adopted the theory, without admitting the name.

We believe this assumption to be entirely unwarranted, and hold to the opinion generally received in Great Britain and this country, that general paralysis is a disease of the whole nervous system, consisting essentially in a degeneration or perverted nutrition. Also we may remark, that it is contrary to our own and to general observation that the paralysis extends "by degrees not only in the parts attacked, but in turn to all parts of the body." The paralysis is no doubt less conspicuous in certain organs than in others, but the loss of power may nearly always be shown to be general in the earliest stages.

In these different views of the pathology and primary symptoms of general paralysis arise our principal objections to the proposed change of name. As in this theory the disease involves the whole extent of nervous tissue, affecting together the nervous and mental functions, we could not favor a name which would tend further to separate these two factors in our own conception of the disease. It is easy to see in the literature of general paralysis, that this view of the mental and nervous impairment, as being not merely coincident, but as arising in one pathological condition, has been gradually adopted in the discussion of the disease. Since its first description by Es-

quirol, under the term, "general paralysis of the insane," the phrase, "of the insane" has been almost entirely dropped; and this has followed the great discoveries of the functions of the brain and spinal cord, and the intimate union of the nervous and mental systems. Does it not seem that by tacit consent the meaning of the word "general" has been extended to the affection of the cerebral as well the spinal functions, and that thus any other reference to the mental disorder involved has been omitted from the term? For ourselves, at least, we shall continue to suppose that the phrase "general paralysis" describes not only a particular type of motor and sensory impairment, leaving, for brevity's sake, an associated mental disorder to be inferred, but one in which a conjoined mental and nervous disease is fully implied. If any change were necessary, we should favor the name of "paralytic insanity," as proposed by M. Parchappe, but until something is settled as to the etiology or pathology of the disease, shall continue to use that already established.

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STATISTICS OF INSANITY IN EUROPE.—According to the most recent statistics, there is one insane person in every 1200 of the population, in the different states of Germany. In France, a gross number (according to some) of 18,350, and (according to others) of from 30,000 to 32,000 lunatics, will yield, respectively, 1 insane person in 1900, and one in 1000. But still, in this estimate there should be a division made between the smaller towns and those great centres of commercial industry where the relative proportion is always greater than in agricultural districts.\* In England the number of insane is greater than in France, and attains in Scotland the high ratio of 1 in 513. The statistics, indeed, of Dr. Maria Rubio, framed in 1848, put the North British figure at 1 in 417. The mean average of his calculation will be found to be 1 in 446 in the canton of Geneva, 1 in 550 in Norway, 1 in 816 in Belgium, 1 in 700 in England, 1 in 1223 in Holland, 1 in 1667 in Spain, 1 in 1773 in France (there being about 21,000 insane), 1 in 2125 in Ireland, 1 in 3690 in Italy, 1 in 5818 in all the Piedmontese possessions. For Russia the average is still lower. In these statistics, where France, we think, should figure at a higher average, we meet with considerable and hitherto unexplain-

\* The average of the agricultural counties of England, (1857) is 18.37 per 1000; of the manufacturing counties 26.40 per 1000.

ed disproportions; since Scotland is rated at 1 in 417, whilst Piedmont only attains the level of 1 in 5818. It is evident that amongst the insane of the latter country are not included those degenerate beings termed *cretins*, whose terrible affliction is dependent upon the geological structure of the soil, and who people in great numbers the valleys of Martigny and Aosta, and the mountainous districts of the Alps. The same anomaly shows itself in various departments of France; since, if we estimate its average by the lunatics in the asylums of Saint-Yon and Quatre-Mares, the proportion for the Seine-Inférieure will be as 1 to 650 or 700 of the inhabitants.—*Morel's Traité des Maladies Mentales*.

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WOORARA IN EPILEPSY.—M. Thiercelin, struck by the counter-action of artificially produced convulsions by woorara, has been led to administer the drug in the treatment of several convulsive diseases, more especially epilepsy, and with most marked effect. Particulars of two cases of epilepsy, which had resisted a variety of previous treatment, were laid before the members of the Academy of Sciences at their last sitting. One of the subjects treated by woorara was a young man, aged twenty-three. In him the disease was hereditary and congenital. The patient had passed four years at Charenton, and was accounted incurable. The number of attacks during the month amounted to twenty, whereof the greater part were most severe. The second case was that of a girl of seventeen, a sufferer from epilepsy for eight years past, and during the last twelvemonth subject to daily fits. Under the influence of the woorara treatment, (the drug being applied daily in doses varying from half a grain to a grain to the suppurating surface of a blister), the attacks diminished in frequency, so considerably that in the first case they fell in number from twenty to five per month, and in the second from twenty-nine or thirty to eight. Not only did the frequency of the fits decrease, but a striking general improvement occurred in the health of both patients, and a marked diminution of the nervous irritability always accompanying epilepsy was also noticed. Unfortunately, the treatment could only be persisted in for eight weeks, as the stock of woorara ran short; nevertheless, the results obtained were decidedly of a nature to encourage other practitioners in following in the footsteps of M. Thiercelin.—*London Lancet*, Dec. 1, 1860.

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THE PAUPER INSANE OF ENGLAND.—At the return issued by the Poor-Law Board on the first of January last, the number of paupers in receipt of relief in England and Wales was 850,896. Of these,

31,543 were insane, including 9,165 idiots—constituting 3.71 per cent., or no less than one in every 27 paupers. Of course this estimate gives no indication of the proportion of insane to the general population. The return indicates that the number of idiots predominate in rural mountainous districts, as in Wales, while in the large cities, as London, Manchester, &c., the insane predominate. The return also shows that there are more women insane than men—17,647 to 13,896. The expense of maintaining these 31,543 pauper insane is stated to be nearly £10,000 a week, or £520,000 a year, or, in our currency, \$1.58 a week, or \$82.16 a year for each patient. Over half the above patients were lodged in hospitals for the insane. Of the remainder, half were in work-houses, 5,195 resided with relatives, and a few in licensed houses or in lodgings.—*Med. and Surg. Reporter.*

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DESTRUCTION OF THE WESTERN KENTUCKY LUNATIC ASYLUM BY FIRE.—The Western Kentucky Lunatic Asylum at Hopkinsville was totally destroyed by fire in the early part of December last. All the patients, about two hundred in number, were saved, it was believed, with one exception. Dr. Montgomery, the Superintendent, and the assistant physicians lost every thing in their efforts to save the building and rescue the patients. Temporary accommodations for the latter were afforded in the Court House and other county buildings, and also in the private houses of citizens. The fire took place from defective chimneys, and an easily inflammable roof.

This great calamity can not but have, in the present disturbed condition of public affairs, a most depressing and lasting effect upon the State provision for the insane of Kentucky. The institution at Hopkinsville was opened six years ago, and has cost about \$200,000. It had only been finished as room was needed for admissions, and when fully completed would have accommodated three hundred and fifty patients.

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INSANITY IN CHINA.—Dr. S. Wells Williams, senior vice-president of the Medical Missionary Society in China, and who has been for twenty years resident in that country, states to us that he has observed but two instances of insanity among the Chinese during this period. He has seen a greater number of idiots, but the class is by no means numerous.

STATISTICS OF LUNACY.—Late statistical returns show that in Belgium there are at present 51 lunatic asylums; 6 in the province of Antwerp (one of them the colony of Gheel,) 11 in the Brabant, 6 in Western Flanders, 16 in Eastern Flanders, 6 in Hainault, 4 in Liege, and 2 in Limbourg. The number of lunatics in Belgium is 4,907, which is 1 in every 920 of the population.—*London Lancet*.

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CRIMINAL LUNATICS.—A State Asylum for criminal lunatics, comprising 290 acres of land and accommodations for 500 convicts, is about to be completed in England. The number of this class of persons has steadily increased for several years, until at the beginning of the present year not less than 731 were reported. This increase is likely to go on as juries become more and more ready to listen to the plea of insanity.—*Jour. of Prison Discipline*.

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MISSOURI STATE LUNATIC ASYLUM.—We learned with deep regret, some time ago, of the resignation of Dr. T. R. H. Smith, Superintendent of this institution, on account of failing health, under the labors and responsibilities of his position. We are now informed by a letter from the Doctor, that the Trustees of the Asylum re-appointed him, and that he has accepted the re-appointment,—which the improved condition of his health permits him to do.

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APPOINTMENTS.—Dr. P. Bryce, Assistant Physician at the South Carolina State Asylum at Columbia, has been appointed Superintendent of the Alabama State Hospital for the Insane, located at Tuscaloosa. The institution has just been completed, and is soon to be opened for the reception of patients.

Dr. James P. McElhiny, of St. Charles, Mo., has been appointed Assistant Physician of the Missouri State Lunatic Asylum.



## MEDICAL JOURNALS RECEIVED.

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- Oesterreichische Zeitschrift für Practische Heilkunde. Vienna.  
 Annales Médico-Psychologiques. Paris.  
 Journal de la Physiologie de l' Homme et des Animaux. Paris.  
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 Gazette Medicale de Paris.  
 Archives des Sciences Physiques et Naturelles. Geneva.  
 Quarterly Journal of Microscopical Science. London.  
 The Dublin Medical Press. Dublin.  
 Dublin Quarterly Journal of Medical Science. Dublin.  
 British and Foreign Medico-Chirurgical Review. London. N. Y. Re-print.  
 Ranking's Half-Yearly Abstract. London. Philadelphia Re-print.  
 American Medical Times. New York.  
 American Medical Gazette. New York.  
 American Medical Monthly. New York.  
 The Scalpel. New York.  
 North American Medico-Chirurgical Review. Philadelphia.  
 American Journal of the Medical Sciences. "  
 The American Journal of Dental Science. "  
 The Medical News and Library. "  
 The Medical and Surgical Reporter. "  
 The American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Dental Cosmos. "  
 The American Law Register. "  
 Quarterly Summary of the Transactions of the College of Physicians of  
 Philadelphia. Philadelphia.  
 The Maryland and Virginia Medical Journal. Baltimore and Richmond.  
 The Charleston Medical Journal and Review. Charleston, S. C.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
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 New Orleans Medical and Surgical Journal. New Orleans.  
 St. Louis Medical and Surgical Journal. St. Louis, Mo.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
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 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 The Western Law Monthly. Cleveland, O.  
 The Chicago Medical Journal. Chicago, Ill.  
 Chicago Medical Examiner. Chicago, Ill.  
 Columbus Review of Medicine and Surgery. Columbus, Ohio.



# AMERICAN JOURNAL OF INSANITY.

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VOL. XVII.

UTICA, APRIL, 1861.

No. 4.

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ESSAYS, CASES, AND SELECTIONS.

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ON HALLUCINATIONS CONSISTENT WITH REASON. By  
JOHN ORDRONAU, Professor of Medical Jurisprudence.

*A Lecture Delivered before the Students of Columbia College,  
New York.*

GENTLEMEN:—Any examination of the subject of mental unsoundness must be incomplete, which does not include some notice of the phenomena of hallucination. This too often neglected chapter of mental pathology is the true arcana of mystery—the grand storehouse of nature's secrets, which science seeks in vain to penetrate. As its limits span the unfathomable gulf between mind and matter, and trench upon the domain of the infinite, so the physical tests by which material causations are measured fail us here, and we are left to grope among isolated facts, and self-gratifying conjectures, happy, too happy, if we can trace a few sequences, and measure a few effects. The inward voice of intuition, which never speaks without striking the key-note of a natural truth, teaches us, even in the absence of all sensational knowledge, that there is a link which catenates us to Infinity. It is the consciousness of a personal identity—of an imma-

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terial principle within us whose essence eludes our search, albeit its operations reveal the order of its laws. It is the principle of intelligence, as distinguished from the *property* of sensation. And inasmuch as the degree of development of the intelligence is the measure of man's mentality, so the cloudiness or clearness of this principle, its ability rightly to apprehend—rightly to *comprehend*, whatever ideas are presented to it, will always determine the normal or abnormal state of the mind. The insane generally reason well from their own premises. Grant but the truth of these, and their conclusions are not often erroneous. It is in the intelligence that lies the disorder. The self-deception is in the misapprehension of the *original* relation of things, and not in the subordinate relations which flow out of them. In this view of the subject, any disturbance of the intelligence towards whatever sense radiated, may provoke the occurrence of hallucination. The particular sense simply repeats in a physical manner the delusion which already exists in its intellectual centre. Whence it follows that we may have hallucinations of a particular sense, as of sight, sound, smell, or taste, without involving either of the rest; and in all these conditions of partial derangement, the mind may or may not be conscious of the error under which it labors.

Indeed, it is so common to associate with the idea of insanity, those extreme forms of mental perturbation which are indicated by unmistakable physical manifestations, that we are in danger of overlooking those milder functional disturbances which sometimes afflict even the healthy. Violence of conduct and vehemence of language, or its contrary, moroseness and taciturnity—acts of glaring absurdity, or of childish awkwardness—paroxysms of unbridled temper and incoherent utterance, "full of sound and fury, signifying nothing"—these are the usual lineaments which the unlearned and unskilled in mental pathology ascribe to the insane.

Much, all of this indeed, is unquestionably true at different times, and yet to insist that any one of these facts by itself constitutes insanity, is simply to assert that a simple acceleration or retardation of function is a morbid phenomenon, and that health has fixed and absolute limits, beyond which it never passes. In reality, nature,

throughout all the economy of organized life, nowhere operates with the dull, monotonous precision of clock-work. There is a margin to mental as well as physical health, within which the functional pendulum may oscillate with more or less rapidity, and still without disturbance of the general economy. Our daily feelings and our daily strength, whether of mind or of body, are not absolutely similar throughout any given week or month; and our bodies—although it may pain us to confess it—are but the representative barometers that indicate the epidemic character of the season—the influences of air, diet, exercise, occupation and modes of thought upon our physical well-being. These are the grand elements which operate upon the springs of emotional life, and produce contradictions and diversities in human character. There are temperaments, like those of Robert Hall, Montaigne and Thomas Hood, which are capable of enduring, serene and unruffled, the acutest pangs of bodily infirmity; while there are others, like Coleridge and De Quincey, who, tortured to madness by excess of nervous sensibility, fly to the dearly-purchased palliatives of human art for that relief which kills while it affects to cure. Such natures represent the extremes of reflex sensation—they show also the presence of a material power antecedent to the operations of the will; for, strong as this latter may be, it can smother nature's voices only for a while, and sooner or later their right to be heard as well as felt will assert itself. "*Naturam expellas furcâ tamen usque recurret*"—is the significant language of Horace in illustration of this idea.

It is natural, then, for physical ailments to make themselves *seen* as well as *felt*, and the outward revelation which they make to us in the form of *symptoms*, is only the mute and unwritten language of suffering organs. But we must remember that the point at which this expressive tongue speaks, or the dialect which it adopts, is not always related, even by analogy, to the centre of the disturbing force. It is easy to understand why laborious or impaired digestion should reveal itself through a sensation of weight and oppression in the stomach, but it is not easy to understand, nor can it be explained, why the dreams emanating in such a condition of body, should always be

of a horrifying and distressing character. Were those dreams simply of an oppressive character, as where a great sense of weight is experienced about the chest, we could analogically explain them by the overloaded state of the stomach; but when they pass into the presentation of unfathomable gulfs over which we are suspended, or of battle-fields upon which we are being attacked, the theory of analogy completely fails us. We are thereupon forced to conclude, that the law regulating the association of ideas is one whose operations are not entirely volitional. Its functions are ceaselessly going on, whether we sleep or whether we wake. When we desire we call up a train of thought, but having done so we can not always dismiss it again; for although we may throw before it the veil of other thoughts, it will nevertheless break through them, as the morning sun pierces the mists of night, and re-assert its more engrossing presence. Thus the weary lawyer or physician who, with brain overtaken and nerves unstrung, seeks nature's great restorer on his midnight couch, strives in vain to banish from his mind the image of those many doubtful cases upon which he has exhausted his talents through the livelong day. Useless the attempt to disperse the ghosts of those mighty enterprises. Vain, indeed, to summon up images of less magnitude with which to dispel them. As well might you endeavor to oppose the gentle Zephyr to the stormy Boreas. The mighty business of the day hath mastered him. The deity at whose shrine he has but too faithfully ministered will not be sated yet, and the poor, weary worshipper is compelled to repeat his intellectual sacrifice, happy enough when outraged nature drags him wounded from this altar into her temple of sleep and oblivion.

It has been remarked by Schlegel, in his *Philosophy of Life*, that "many facts in medical experience, and peculiar phenomena of disease—as well as the loathsome generation of insects in the atmosphere, or on the surface of the earth, and many diseased states in both, appear to point rather to some intrinsically evil, and originally *wild*, demoniacal character in the sphere of nature." This opinion agrees substantially with that of the Christian fathers, and was the one actively maintained by them in their conflicts with Paganism.

It was a reflection of that system of pantheism which ascribed to every law of nature the handiwork of a distinct deity. More particularly was this the case with that class of mental disorders which, inexplicable by us, was still less explicable by them. Among the ancients, therefore, any departure from the normal standard of mental health was always regarded as a visitation of evil spirits, from which priestly exorcism could alone afford relief. And the nomenclature of these disorders, borrowing its complexion from the pervading hue of public opinion, indicated their ascription to causes of a supernatural character. The scientific knowledge of that day being on a par among pagans and christians, we accordingly find the writings of the Fathers abounding with passages attributing to the "blast of demons" divers sicknesses and severe accidents, sudden and strange extravagances, blight in the grain, taint in the atmosphere, pestilential vapors, foul madness and manifold delusions. Much of this was undoubtedly founded upon the frequent allusion to evil spirits which is to be met with in the New Testament, but more to that ignorance of physiological as well as psychical laws which has waited for eighteen centuries to be dispelled. The old idea of a pythonic or demoniac possession, in which the individuality of the person and his identity are swallowed up by the enveloping presence of the *daimon*, is well described to us in the Gospel of Matthew. It was the characteristic symptom of the approach of the *afflatus* or inspiration to the ancient oracles at Delphos and Dodona, and is still seen among the Hindoo pythones of the present day. Modern science recognizes this phenomenon as the prodromic stage and the unvarying accompaniment of an access of epileptic, hysteric and convulsive disorder. Indeed, since no divine prohibition restrains us from examining this subject, nor enjoins a belief in the presence and active interference of disembodied spirits on the earth, we are at liberty to avail ourselves of all the resources which progressive knowledge can afford in aid of investigation. A careful comparison, therefore, of the phenomena of demoniacal possession as described in the Scriptures, with the manifestations daily revealed to us in the various forms of mental disease, must satisfy us that they are identical in character, if not in degree,

with such maladies as *mania*, *epilepsy*, *hysteria*, and *chorea*. While the inspiration of both ancient and modern oracles is easily recognised to be born, if not of these disorders, at least of influences similarly acting upon the brain through the operation of powerful narcotics, far be it from me to say that those perversions of the moral affections, which even the most rationalistic system of medicine can not always trace to a connection with physical agencies—that cropping out of the blossom of original sin—may not depend, for aught we know to the contrary, upon more subtle influences even than those of blood, nerve or vital force. Certainly, the inexplicable, and generally inscrutable, character of the malignant tendencies underlying moral depravations of conduct—tendencies at once so brutal and overpoweringly fiendish—often occurring in those previously of the most correct and sober deportment, leave us in doubt whether the sphere of merely physical agencies can produce such dire moral tendencies, without first overpowering the intellect—this latter being the only medium through which we can view moral manifestations. Unfortunately for the certainty of all our investigations, we can only examine, but not always explain; and until conjecture gives way to fact, and belief gives way to knowledge, we shall scarcely be able to advance beyond the ante-chamber of mental pathology.

It is not my purpose at this time, however, to enlarge upon the extreme phases of a malady which we have already examined in its more prominent types. Having considered all the various forms of insanity as classified by experts, together with the legal relations which flow out of them; having shown you wherein the great sciences of law and medicine should, by yielding to each other's proper supremacy in all that belongs exclusively to either, unite in a spirit of generous compromise, it will be unnecessary for me to review these subjects here. I shall not therefore speak to you of *absolute* insanity. My design now is, to investigate that particular chapter in its philosophy, which is revealed to us through the minor aspects of mental disturbance. These firstlings may constitute, either the incubative stage of the disease proper—its dawning period, or, on the other hand, they may co-exist with perfect soundness of reason—being sim-



ple and single abnormalities of function, in relation to particular thoughts, feelings, or acts. As such, they do not invalidate a will or a contract, unless they are found infecting its subject-matter; because a rational act implies a rational agent, and with degrees of understanding, or complexions of understanding, the law does not concern itself. If there be understanding and no fraud, the act will be valid. My subject then will be limited to the consideration of hallucinations consistent with reason.

Hallucination, as I have elsewhere shown, differs from illusion in that it involves disturbance of the *sensorium*, as well as of the senses. If I see an object distorted, it is simply an illusion, because a thing may be objectively true, and yet subjectively false. If I am pursued by sights, sounds, smells or tastes, for which no objective cause exists, this is an hallucination. Again, if I am *conscious* that the impression or idea is unwarranted by physical facts—that no sights, sounds, smells or tastes exist *outside* of myself—then the mind, by its competency to correct itself, proves the persistence of a state of health, equal at least to the behests of the will. If, on the contrary, I can not reason myself out of the *falsity* of an hallucination—if I can not dispel this *daimon* of the imagination—if I can not dis sever it from surrounding phenomena, as the creature of the heat-oppressed brain—then the mind, permeated by this cloudy error, no longer obeys the will, and its faculties are completely swallowed up by the spectre before it. Horace has well depicted the character of this form of mental cloudiness, in the person of the citizen of Argos.

“At Argos lived a citizen well known,  
Who thought he heard the accustomed tone  
Of deep tragedians, on an empty stage,  
And sat, applauding with ecstasie rage.”

And in Shakspeare's comedy of “Taming the Shrew,” a striking illustration of disordered idealization, is afforded in the person of Christopher Sly. The frolic consists in intoxicating Sly, and allowing him to recover himself in the midst of splendid surroundings, so that a true momentary hallucination is developed in him, and he imagines himself “a Lord, indeed.”

“Am I a Lord? and have I such a lady?  
Or do I dream? or have I dreamed till now?  
I do not sleep: I see, I hear, I speak:  
I smell sweet savors, and I feel soft things:—  
Upon my life, I am a Lord, indeed;  
And not a tinker, nor Christopher Sly.”

The ability of self-identification is no proof of sanity, and the delusions so often entertained of glass limbs, or bodies made of wood, are not dissipated by producing sensation in substances which the deranged intellect knows should be senseless. The mind being enchained to the attributes of that which it believes to exist, naturally enough opposes that which it believes not to exist; and the reason—that ultimate tribunal to which the perceptive faculties return their observations for comparison—having a cloud before it, can not correct the misapprehension of the lower senses. It accepts them as realities, and directs the conduct of the body accordingly. When the hallucination, therefore, has firmly possessed itself of the mind, we have a state of ideal intellection, in which the reason, after long struggling to maintain its ascendancy over the judgment, has finally yielded, but after yielding can still apprehend and compare correctly the relations of other things. Thus it is rare, even in the insane, to have hallucinations of more than two senses simultaneously, and in the department to which I am addressing these observations, the hallucination does not often extend beyond one. Remembering, also, that false perceptions may exist without insanity, we shall be the better prepared to consider them in their connection with the history of some of the greatest minds which have ever existed.

We may state, as a fundamental truth in psychology, that the original basis of an hallucination in the healthy, is a state of prolonged reverie. In great minds, like those of St. Augustin, Chrysostom, Mahomet, Descartes, Dante, and Milton, *reverie*, that intensification of all the powers of thought upon one central object, is ever the prelude to some grand creation. “The christian Fathers,” says a well known author, “retired to the solitude of the desert, or the convent, to indulge in profoundest thought, whence returning they came armed in a terrible panoply of invincible books.” Some had visions—halluci-

nations more properly—but all felt the heaving of the great wave of thought within them, which overpowered physical nature, and made the man live only in the world of intuitions. That inner world, which none with less introspective power than theirs could see, was the shadowy domain of sublimated thought—a realm of abstraction into which few minds can penetrate and still live unimpaired. To look upon this inner temple is to suspend our psychical connection with earth, to soar skyward, and to return with the workshop of the mind confused and revolutionized. Such was unquestionably the case with Mahomet and Swedenborg, who, fancying themselves the children of inspiration, cherished with zealous ardor those profound reveries which invariably gave rise to ecstatic hallucinations. In this state they witnessed those revelations and probably wrote those descriptions of the spiritual world and its government, which have imparted to them, in the eyes of many, the high character of apostles and prophets. This form of hallucination, which from the peculiar phenomena attending it is called ecstasy, is a species of true catalepsy—sometimes passing into somnambulism; and a very curious illustration of this is related by Diogenes Laertius, in his life of Socrates, who, he tells us, while attending the siege of Potidea remained standing an entire day, in a cataleptic state. These conditions of mind are affirmed by Plato to have often visited his master, whose exaggerations of eccentricity he relates at great length in his *Banquet* and *Apology*. It would seem from these that the famous *daimon* of Socrates is in many respects liable to be construed into a hallucination of the sense of hearing, and, since this subject is still a moot one, it can with great propriety and utility be discussed in this connection.

The demon of Socrates forms one of the most curious problems in the history of psychology. For an account of this metaphysical sphinx, we are indebted to the labors both of Plato and Xenophon—the former of whom has nobly vindicated the character of the Athenian sage in the *Apology* and *Banquet* and the latter in his *Memorabilia*. Modern writers, no less than ancient, have in vain exercised themselves upon this problem; the one side asserting the demon to be simply the voice of conscience—the other that it was a manifest hal-

lucination of the hearing. In the *Alcibiades* of Plato, Socrates thus describes his familiar spirit : " Celestial grace has bestowed upon me a wondrous gift, ever since my youth. It is that of a voice, which when it makes itself heard restrains me from acting, and never urges me forward. If a friend communicates any plan to me, and the voice at the same time makes itself heard, it is a sign of the disapprobation of such plan."

We also find that one of the articles of accusation against him was that he introduced new divinities at Athens, under the name of *daimons*.

Although at first sight it must be admitted that our prejudices, when investigating the mental health of the greatest philosopher of antiquity, are opposed to the recognition of any trace of infirmity, and in favor of an internal voice of conscience, such as exists in every morally responsible being—still, we must bear in mind that we are not thereby seeking to prove Socrates insane, but simply endeavoring to establish a certain fact with reference to his mind; that is, its tendency to be visited by hallucinations. To suppose that he was the only Greek whose conscience ever spoke to him, is an absurdity not to be tolerated in any psychical inquiry. There never was an honest man in any age who did not owe all of that character to conscience. It is plain that Socrates found in such friends as Crito, Chaerophon, Cebes, Plato and Xenophon, as pure consciences as the world then contained. To allege that he alone of all these virtuous patriots heard her divine voice, is to argue that conscience was a gift specially restricted to him; a form of proposition at once psychically incorrect, not to say impugning the justice of the Creator. What then could have been this demoniac voice, this something half human, half-divine, which arrested him when about to act, *without reference to the quality of the action*, and only with reference to the probability of success, of good or bad fortune? Is conscience as narrow and speculative as this? Does she act as a mental broker or factor, advising us when to buy and when to sell, when to undertake an enterprise and when not to? The absurdity of the idea is its best refutation, and we must accordingly turn to the domain of mental pathology in order to find a solution of our problem.

Given, a man of unaccountable oddity from youth ;—wearing the same garment the year round ; walking barefoot in winter and as summer, dancing wildly at times, and with sudden leaps ; carrying his head in a strange way ; living in the most eccentric fashion ; having no occupation but that of preaching and sermonizing in public places, at street corners, and even in the shops of artizans ; pursuing every one with his questions, sparing none with his irony, and behaving in such an incomprehensible manner that Zeno the Epicurean called him the Athenian buffoon. What, if you remove the name of *Socrates* from this portrait, would you say of the liability of such a mind to have hallucinations ? What would you not rather say of the probability of a false perception in such a man, if he daily told you that a certain demoniac voice was, at short intervals, warning not only him, but through him his friends, of the evil about to befall them ? Is this conscience, or is it hallucination ? And yet this was the father of ancient philosophy—the incomparable sage, whose death stamped his character with the highest attributes of moral perfection ; the man who first raised the standard of philosophical rebellion against the absurdities of polytheism, and the vices of a corrupt society. It was not unbecoming praise in Cicero to exclaim, in that glorious imagery so peculiarly his own, that “Socrates was the first man who called down philosophy from heaven—who introduced it into cities and private dwellings, and compelled mankind to instruct themselves concerning life, manners, good and evil actions.”

Philosophy, then, does not protect us against the access of mental disorders. Indeed, they are too often the price paid for that high intelligence which the ignorant and the unlearned envy and carp at.

The greatest physician and natural philosopher of his time, Jerome Cardan, was visited by hallucinations, but from the symptoms attending them which he has described, it is easy to perceive that they were due to great disturbances of the circulation, both in the heart and brain. And Pascal, whose genius in mathematics was second only to that of Newton, when he had greatly injured his health by fastings, vigils, and bodily macerations, was visited so constantly by hallucinations that he actually fell into the superstition of wearing an *amulet*

against these demoniac visitations. Nevertheless, while subject to these intellectual disorders he wrote those admirable "Provincial Letters," which first shook the foundations of Jesuitism, and those "Moral Thoughts," which have afforded texts for many an overpowering homily, both in and out of the pulpit. That Pascal was partially deranged, none who have read his life will doubt. That it was not a disorder originally within his control, but aggravated by a wilful perversity of diet—a smothering of nature in her period of development, and an intentional changing of her outward and sympathetic tendencies into a forced introspection and introversion of her emotions, I, for one, entertain no doubt. It is always to be regretted whenever a great mind deliberately undertakes to destroy itself, by perverting or disobeying the laws of its own being. But I am not aware that we are required, either morally or physically, to sympathize with those whose superior intelligence arms them with a self-protective power not possessed by the ignorant. Both Socrates and Pascal by the asceticism of their lives invited mental disorders, and the difference between the two was due simply to the superior physical character of the Athenian, who, with all his homileties on the *kakon* and the *agathon*, still went abroad and mingled socially with his friends and the world. Pascal, on the contrary, had no physical manhood—nothing of that element of animal spirits which unites man to man in the bonds of friendship. Affection is not a mental process; if it were, we should form few if any attachments. The infant would not cling to its mother, the parent would not sacrifice life for its offspring; the dog would not starve himself upon his master's grave, if such conditions of self-devotion depended solely upon the *intellectual* sympathy of two creatures. So Pascal, abandoning his friends, living in seclusion, inwardly torturing his mind with contemplations only of human depravity, and never refreshing himself with the sight of human virtues at the fountain of friendship and social communion, became covered with the mould and mildew of a blighted nature, voluntarily sinking himself into the realm of melancholy, irritability, and partial lunacy.

Any powerful impressions long acting upon the common centre of



intellection, and thereby producing reveries, may give rise to hallucinations. Some time is undoubtedly required for this effect to manifest itself, because the mind when fatigued naturally relinquishes its hold of any subject which has exclusively occupied its attention. In doing this it does not dismiss, however, the subject as an entirety; it puts aside only the examination of its undiscovered and undetermined relations. What is already thoroughly acquired is absolutely retained, and may re-assert itself at times independently of volition. We are then said to have a "*fixed idea*," a predominant idea, and when it becomes overpoweringly strong, we do not hesitate to call it monomania.

When in connection with the mind, moreover, the passions or moral affections are greatly enlisted, the hallucinative process goes on with great rapidity. It would seem that the sanitary guardianship of the mind over the body and the body over the mind is entirely suspended, and acts of most manifest self-injury are performed without apparent concern as to their ultimate results. Love,—hate,—remorse,—despair,—may all in turn give rise to "spectral imaginings." In the "*Comedy of Errors*" we have an example of a poor, hen-pecked husband, who, from excess of little griefs, bickerings, upbraidings, and rebukes, which no suit for divorce could rid him from, finally turns mad:—

"And thereof came it that the man was mad:  
The venom clamors of a jealous woman,  
Poison more deadly than a mad dog's tooth.  
It seems, his sleeps were hindered by thy railing:  
And therefore comes it, that his head is light.  
Thou sayest, his meat was sauced by thy upbraidings:  
Unquiet meals make ill digestions,  
Thereof the raging fire of fever bred;  
And what's a fever but a fit of madness?  
Thou sayest, his sports were hindered by thy brawls:  
Sweet recreation barred, what doth ensue  
But moody and dull melancholy,  
Kinsman to grim and comfortless despair,  
And at her heels, a huge infectious troop  
Of pale distemperatures, and foes to life?  
In food, in sport, and life preserving rest

To be disturbed, would mad or man, or beast:  
The consequence is then, thy jealous fits  
Have scared thy husband from the use of wits."

It is probable that, had not poor Mr. Caudle, the victim of so many "curtain lectures," enjoyed the rare and recuperative tonic of *sleep*, he also, with Antipholus of Ephesus, would have been erased.

But the most gorgeous illustrations of hallucination with which either the ancient or modern dramatists abound, are those arising from the operations of *remorse*. Here the genius of Sophocles, Racine and Shakspeare have poured out all the wealth of their abounding store-houses, and we stand appalled in the presence of that ideal Orestes or Macbeth who, goaded by the stings of conscience, and pursued by the pale images of their victims, are being torn to pieces by the conflict of reason with emotion. The storm of passion in Macbeth, which kept his mind upon the rack between the prophecy of the weird sisters, and his desire to accomplish it through the instrumentality of his own hand, is one of the "most awful creations of the poetic mind." The ambitious prince, his soul kindled with the thirst of power which the crown of Scotland is to afford him, pauses between inclination and reflection. He wants to act on impulses, but conscience as quickly smothers the utterances of this turbulent voice. He hesitates, he reasons—until the tauntings of his wife goad his pride to madness. All his thoughts and feelings, turning with ten-fold fury upon themselves, overthrow the guiding reason, and he sees before him the fell instrument which is to accomplish his desire. The dagger-scene is as fine an illustration of a simple hallucination as can any where be found. It is true in all the essentials of a psychological portrait, and shows how the impression upon his senses, although corresponding with the dread purpose of his mind, still fails to satisfy his judgment. Reason finally triumphs; he rejects the hallucination as the creature of the heat-oppressed brain, and ascribes it to its true source—the "bloody business" which enslaves his mind.

"Is this a dagger which I see before me,  
The handle toward my hand? come, let me clutch thee:  
I have thee not, and yet I see thee still.  
Art thou not, fatal vision, sensible

To feeling, as to sight? Or art thou but  
A dagger of the mind? a false creation  
Proceeding from the heat-oppressed brain?  
I see thee yet, in form as palpable  
As this which now I draw.  
Thou marshall'st me the way that I was going;  
And such an instrument I was to use.  
Mine eyes are made the fools o' the other senses,  
Or else worth all the rest: I see thee still;  
And on thy blade, and dudgeon, gouts of blood,  
Which was not so before.—There's no such thing.  
It is the bloody business which informs  
Thus to mine eyes."

Had the reason not thus asserted its supremacy, and enabled Macbeth to understand the true relation of the hallucination to himself—he could not at law have been deemed otherwise than *insane*, which, although but partial, would still have rendered him criminally irresponsible for his deed of blood. But when, by a violent effort of the will, the cogitative faculty pierced through the flimsy veil of momentary delusion, he correctly refers the image to the intensity of thought bestowed upon the "bloody business," which then engrossed his mind. I entertain no doubt that we often have Macbeths before our criminal courts, who, could it be known, had by dint of imagining themselves murderers in gratification of fits of brutal revenge, produced a kindred state of hallucination in their own minds, so that when the bloody deed *was* done by them, they hardly paused to ask reason whether she might not have resisted successfully the blind impulses of passion.

Those moral lunatics who are beset by voices apparently emanating from Heaven, and commanding them to kill, are, we must believe, in the condition of Macbeth. For it is impossible to perform an intelligent action without previously conceiving the elements which enter into its execution. The mind does indeed act with such rapidity, that we are not always aware of the distinctive processes through which it passes in arriving at a conclusion. Hence we often do think mechanically as it were. But whenever we deliberate upon an act, then we may be said to *synthesize* its elements, by assigning to each its appropriate place. When the voice,

either of depravity or of disease, commands us to kill, and our minds are filled with the imperative of this necessity, we at once have a conception of the whole act, including some instrument by whose means it is to be accomplished; and if any particular one, like the dagger worn by Macbeth, be at hand, it presents itself accordingly to the mind's eye as the one predominant element in the delusional impression.

But as another evidence of Macbeth's sanity we have those striking evidences of remorse, which reveal how deeply the foundations of his nature are shaken. Remorse is not common to the insane. Doing what they deem to be absolutely right, good and proper, what should give rise to such an emotion in them? But Macbeth fully appreciated the enormity of his offence, even before committing it, and afterwards prophesied truly that remorse would murder slumber, and make the murderer ever after "lack the season of all natures, sleep." Hence his bitter exclamation:—

"Methought I heard a voice cry, 'Sleep no more!  
Macbeth doth murder sleep, the innocent sleep.'"

And again, in answer to his wife's interrogatory, he repeats, more emphatically:—

"Still it cried, 'Sleep no more!' to all the house:  
'Glamis hath murdered sleep: and therefore Cawdor  
Shall sleep no more, Macbeth shall sleep no more!'"

There was no hallucination in this. It was the natural chiding of an outraged conscience already plying him with the scorpion's lash of remorse. When this blossom of bitterness had sufficiently rankled in his bosom—when he had pondered, in all its depth and depravity, his dark offence—then we find him assailed by dire hallucinations, which his reason can scarce dispel. The vision of Banquo's ghost now rises before him, and even occupies his seat. It nods and shakes its gory locks at the usurper, and so impresses him that, in the midst of the royal banquet, he cries out deprecatingly:—

"Thou canst not say I did it: never shake  
Thy gory locks at me!"

His wife thereupon upbraids him with cowardice, in these taunting words:—

"O proper stuff!  
 This is the very painting of your fear :  
 This is the air-drawn dagger; which, you said,  
 Led you to Dunearn!"

No sooner does she cease speaking and enchain his attention, than the hallucination returns, and Macbeth exclaims anew :—

"Prythee, see there! behold! look! lo! how say you?  
 Why, what care I? If thou canst nod, speak too.  
 If charnel-houses and our graves must send  
 Those that we bury, back, our monuments  
 Shall be the maws of kites!"

That all this occurred while reason was still not dethroned, is shown by the fact of his telling his friends of his strange infirmity, which is nothing to those who knew him, and when the vision re-appears he so fully realizes its ideal character as to dismiss it with an expression descriptive of its emptiness :—

"Avaunt! and quit my sight! Let the earth hide thee!  
 Thy bones are marrowless, thy blood is cold;  
 Thou hast no speculation in those eyes  
 Which thou dost glare with."  
 \* \* "Hence, horrible shadow!"

In all that has been said upon the subject of hallucinations, I have confined myself solely to an examination of their various forms when patent. I have spoken of the strange juxtapositions of reason with unreason in minds ordinarily ranking among the foremost of earth. And, did time permit me, I might have farther extended our excursus into this domain of mystery, by examining some of those curious, epidemic, religious hallucinations, which swept over Europe during the intellectual crepusculum of the Middle Ages. It must suffice now to suggest only a few prominent names, by way of introducing you to a better acquaintance with our present subject, through the pages of illustrative history. To such characters, then, as Paracelsus, Paeal, Luther, Mahomet, Swedenborg, Cardan and Cellini, I must refer you for more specific details of the protean forms of hallucination.

We have spoken of hallucinations arising from strong emotions  
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operating upon the centres of thought ; of the influences of passion in confusing not only the judgment, but even the intelligence, and through it the senses. These are obvious causes, whose operation may be daily witnessed. None, therefore, will dispute their efficiency in producing the effects I have described. But I should overlook a very important department in the world of causation, were I to omit to notice those preliminary and preparatory conditions of mind, in which, without the occurrence of passion, the intellect may yet be considered as bordering upon disturbance.

I wish now to speak of a condition of mind, often predisposing to hallucinations, of which the authorities make no mention, although it is very common, and sometimes even dangerous in its character. It is an exaltation of, or exaggeration in, the rapidity of mental processes, due to the influence of persistent tension upon the brain. As you will naturally infer, it is the unwelcome attendant upon all active minds when overworked. I shall make no separate allusion, at this time, to the probable influences of narcotics in assisting to produce, or to exaggerate when present, this state of the intellect. As I am making a simple, psychological inquiry into a form of disorder, I shall confine myself to the essential causes producing it, and shall not venture upon any physiological disquisition into the remote and correlated sources of its origin. We can all agree upon the fact—whatever we may think of its causes—of the existence of a species of mental disturbance, born primarily of fatigue, exhaustion, or prostration ; and which, with your permission, and for want of any other name, I shall call a state of *mental hyperæsthesia*. This is that state of mind in which one finds himself whose mental faculties have been strained to their utmost tension for a great length of time. The result of long and unabated fixedness of attention upon any one train of thought, is speedily to exhaust the mind ; and just in proportion to the degree of volitional effort expended, will there ensue rapidity of exhaustion. The mind at such a time, although greatly fatigued, is not disposed to quiescence, but continues to oscillate under the reflex influence of its original stimulus.

This, of itself, is not a condition of ill-health, if it can be speedily



removed. So long as the strain does not exceed the recuperative powers of the organ thus overtasked, the shock is not immediately dangerous. But we must remember that this unnatural stimulation of a function exhausts the tone of the organ performing it, in advance of the effects of age. So that, with the mind as with the body, we can preserve it in vigor up to a very late period of life, if we will only use it as not abusing it. And I may state, in passing, a curious illustration of this truth in the fact that, at this time, the statesmanship of England is in the hands of men over seventy years of age; while in this country no man is deemed an available candidate for either judicial or political office, who has passed the scriptural limit of human longevity. Now a state of mental hyperæsthesia clearly borders upon abuse of the intellectual powers; nor can we wonder, therefore, at the train of melancholy effects to which it gives rise.

In this condition of things the brain is inordinately active; its blood-vessels are greatly dilated, its whole substance consequently enlarged. It presses in all directions upon the skull, which seems hardly of a size to contain it; and when this cerebral plethora is continued for weeks and months, who can marvel that men in the very maturity of age, and apparently strong enough to work over their desks for nine hours a day, should suddenly drop paralyzed—become victims to hallucination and insanity, or, worse still, fall into apoplexies. It is not asserting too much to say, that if our time-pieces were kept wound up to a similar pitch of tension by constantly turning the key, their main-springs, although made of steel, would not last a month! Yet this is the mental status of many professional men, particularly in large cities, where the unremitting pressure of business, and the fever of competition, stimulate them to unnatural efforts. Persons often overwork their minds unconsciously, because, through the compensating influences of nature, the external effects of the injury are for a while concealed, and not until some unmistakable evidence looms up across the intellectual horizon is the offender made aware of his wrong-doing.

The majority of professional men toil far into the small hours of

night, and then retire—to sleep? scarcely any, if at all; but only to think over and over again the duties of the morrow, until a hazy forgetfulness, not deserving the name of slumber, steals over the still occupied brain, and leaves it to finish in dreams the disconnected fragments of daily business. Need we ask what is the consequence of this mode of life when protracted? Every thing shows us that Nature's laws are never violated with impunity, and slow-footed justice, halting and lame though she may be, rarely fails to overtake the retreating criminal. In those individuals who habitually overtask the brain, we shall find manifestations of that form of hallucination which is the offspring of intensified and protracted thought. It is the true *hallucinatio studiosa*, and the period at which it develops itself will depend upon certain physical causes, not necessary to be mentioned here. Let it suffice to say, that these hallucinations are generally preceded by inability to sleep *soundly*, and this tendency to insomnia once established, readily passes into that of *coma vigilans*, a state productive of exquisite irritability. When the brain is long robbed of sleep, it loses both the knowledge of, and the ability to, sleep; so that it requires to be re-educated, as it were, into this aptitude. During this condition of vigil it reacts upon the stomach, and this again upon the brain, so that we now have two foci whence nervous irritability can be radiated and interchanged. The famous Lawrence Sterne was once in this condition for several months, and Martin Luther, as the result of his protracted mental labors, was often visited by a hallucination that the Prince of Darkness stood before him, and on one occasion went so far in believing it as to throw his inkstand at him. General Rapp tells us that once, desiring to speak with the Emperor Napoleon, he entered his cabinet unannounced. He found him in so deep a reverie that his entrance was unperceived until he intentionally made a noise. Napoleon then recovered, and pointing to the ceiling said: "Look up there! Do you not see it? It is my star! It is beaming before you. It has never deserted me! I see it on every great occasion." Dr. Johnson, too, whose mighty intellect could endure a superhuman amount of labor, was the victim nevertheless of hallucination, and one of the most superstitious

men of his time. Rare Ben Johnson was also similarly visited, and Andral, the great anatomist, was pursued for a long time by the image of a child, which he had most critically dissected. Leuret, the philosopher, himself a psychologist, was greatly annoyed by visions which he could not rid himself of. And I have several instances noted among my own observations of similar facts. A friend of mine, who is the President of a bank, and a shrewd financier and economist, is exceedingly annoyed by the presence of a bottle of sarsaparilla, which is always spouting its contents before his eyes. The moment he fixes his attention closely upon any object the bottle disappears, but on releasing the mind from this contemplation the bottle returns. Yet none of these men whom I have mentioned were insane, none would have been disqualified at law either civilly or criminally. On the contrary, every one would pronounce them blessed with strong reason. Theirs were cases of mental dyspepsia. I am inclined to think that, in our country, the very laws of business, of society, of education—in a word, the genius of our institutions—favors, and, I may say, forces us into, a preternatural activity of mind. As slowness and deliberation of action are regarded as marks of mental incapacity, so the premium and the prize are assigned to the opposite extreme, and the man in self-defence is obliged to be “fast.”

Moral influences—modes of living—pushing and crowding the education of the mind into such limited periods of time as do not admit of development proportionate to the ascending scale of duties imposed upon it—these are the causes which produce in America an universal precocity of mind. In the educational department, some improvements are, we are happy to say it, beginning to redeem us from the charge of gross physiological ignorance, and the alternation of bodily exercises with mental tasks, promises to protect the immature minds of school boys from the ostentatious stretchings of pedagogues and ambitious fathers. As the health of manhood depends in a great measure upon the health of childhood, so the vigor of mind with which the young man begins life will depend upon the character of labor imposed upon it during early youth. Up to this time, then, we are certainly masters of our mental occupations, their duration and their quality.

It is far different, however, with men in professional life. Once entered within those lists, and there is no intermission consistent with reputation and a due discharge of duties. From this battle-ground there is no honorable escape, save through death. The professional man, like the knights of Branksome Hall, must wear his harness by night as well as by day. Ready must he be at any moment to obey a summons, whatever its character, or the complexity of interests it involves. The tide of traffic, of litigation, of statesmanship—all the rivers of industry in our country, flow at such a rapid rate, that, once embarked in his own little shallop, each must ply his oars unceasingly, if he would ascend the stream to its fountain-head. What weary hours of toil—what vigils—what brain-throbbings await us in the passage! What but a brave heart, an earnest purpose, a consciousness of rectitude, can bear us through the long reaches of patient abiding, or of protracted labor.

But God, wiser than man, has arranged the economy of nature with particular reference to our all necessities. He has given us the day to toil in, and the night for rest. If you will but observe it, it is incredible how much labor—thorough, progressive work—how much study can be accomplished, how much writing can be done, what varieties of intellectual tasks can be successfully achieved, day after day, and month after month, by working the brain only during the day, and resting sacredly at night from all labors. You may say that man is a creature of habit, bound by no special hours, either of rest or labor, and that he can accustom himself to anything; but in this you err. It may not be always easy to explain the connection between physical and mental phenomena; still less can we explain the influence of certain hours of the day upon our bodies, as contrasted with other hours. The problem is of difficult solution. I may say this much, however, that there never was a recorded case of extreme longevity in a man who was not at the same time a sound sleeper and an early riser. And these two conditions presuppose early hours of retiring. As a class, the insane cannot be said to sleep—they merely slumber, and one of the most painful objects to behold is he whom neither “poppy nor mandragora, nor all the

drowsy syrups in the world can medicine to sleep." That man is either insane, or on the point of becoming so, and he will soon tell you of "*chimeras dire*"—hallucinations, in a word, afflicting him through eye or ear. Therefore, gentlemen, since from so many incontrovertible circumstances we are nationally prone to undue activity of mind, and since, as professional men, we are additionally exposed to the dangers attending upon over-tasked intellects, let us put the warder of repose between us and that state of mental tension which so constantly threatens our intellectual health. Let us, then, cultivate sleep—not the sleep of sloth and inertia, not the listless reverie of ennui, not the *keff* of the Arab, or the noon-day siesta of the tropics, but that other and nobler Somnus, whose temple opening only at nightfall, invites the weary, day-worn traveller to rest. Here, with the silent stars for his everlasting ministers, he sits enthroned in halls of sweet obliviousness, waiting, with the lavish and impartial affection of a parent, to crown us all with the poppy wreath of sleep.

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#### MODERN DEVELOPMENTS OF THE MARVELLOUS.\*

[*Winslow's Journal of Psychological Medicine*, October, 1860.]

The pretensions of the persons who call themselves spiritualists, and who have been commonly known heretofore by the less dignified title of "spirit-rappers," have lately been advanced with a boldness, and pushed with a pertinacity, that seem to demand some examination from the press. As long as the performances at a spiritual *séance* were considered esoteric, and the delusions of the unfortunate mediomaniaes were displayed only within the charmed circle of their

\* *Histoire du Merveilleux, dans les Temps Modernes.* Par Louis Figuier. Paris 1860.

*The Spiritual Magazine.* London, 1860.

*The Acana of Christianity, and various Sermons.* By the Rev. T. L. Harris.

deranged disciples, it was possible to cherish a hope that this trans-Atlantic folly might gain no permanent footing upon our shores, and to believe that a total disregard of its existence would best promote the great blessing of its final consummation. The time for these opinions has gone by. Finding a congenial soil in the presumptuous ignorance of the half-educated classes, aided in its spread by the wonderful facilities for the dissemination of opinion that our day affords, appealing to desires and passions always powerful in the human breast, and actively promoted as the source of a profitable calling by many whose barefaced knaveries can be ascribed neither to credulity nor disease, spiritualism bids fair to become one of the institutions of the time. It is incumbent upon us, therefore, to devote a portion of our space to an inquiry into the origin and tendencies of this growing evil; and while our admirable friend *Punch*, ever watchful and right-minded, brings down his terrible baton upon the ridiculous aspects of the question, we, on our part, must strive to range the phenomena of modern spiritualism under their appropriate psychical laws, and to show the precise analogy between this and former epidemics of a kindred nature.

A somewhat similar task has been undertaken by M. Louis Figuier, in the work the title of which appears at the head of this article, and the scope and objects of which are thus described by the author.

"After casting a rapid glance (we translate freely from the preface) at the marvellous as exhibited in antiquity and in the Middle Ages—a necessary preparation for its study in modern times—the first volume contains the history of the demoniacs of Loudun, and of the Jansenist convulsionnaires, showing the marvellous again reigning supreme in the domain of theology.

"In the second volume the history of the Protestant prophets presents the characteristic type of those epidemics of delirium, excited by religious exaltation, of which the history of medicine affords so many examples; and the account of the divining rod exhibits to us one of the most singular developments of the marvellous, and one for which it was most difficult to find a philosophical explanation.

"The other two volumes designed to complete the work will contain the history of animal magnetism, of table-turning, and of spirit-rapping.

"We intend that each of these recitals should be followed or accompanied by that natural explanation which can now be given of



the pretended prodigies described. In most cases the lights afforded by physiology and medicine are sufficient for this purpose.

"We believe that these discussions will produce in the mind of the reader a perfect conviction of the non-existence of supernatural agents, and a certainty that all the marvels which at various times have excited the surprise or the admiration of mankind can be explained by a knowledge of our physiological organization.

"A denial of the marvellous is therefore the philosophical conclusion to be drawn from this work, which might indeed be called *the marvellous explained*. And if we succeed in carrying our readers with us to this end, we shall think that we render a very real service to society—both to those who enshroud themselves voluntarily in the dangerous shadow of the mysticism so unfortunately resuscitated in our time, and to those who halt between two opinions, wanting the evidence necessary to confirm them in convictions or to guide them in conduct."

Of these volumes the first three are already published; and in them the subject of animal magnetism is concluded, leaving only table-turning and spirit-rapping to be discussed. A brief abstract of M. Figuiet's completed labours will be advantageous as an introduction to the statements of modern spiritualists; and we will therefore endeavour to place before our readers some account of the general scope and tenor of his work. The special narratives are ushered in by a general introduction, which commences as follows:—

"The phenomena of table-turning have been the signal, in both hemispheres, for the appearance of wonders which recall to mind, or, with little variation, even produce, the most surprising acts recorded in the histories of the magicians of antiquity. A study of the supernatural manifestations which have furnished matters of dispute during so many years ought to aid in the comprehension of many remarkable facts recorded in history; and which, received with many reservations, or even totally rejected by the criticism of the two last centuries, should now possess for us their interest and their value. But this value will be greatly enhanced if the study, well pursued, brings us to the conclusion that contemporary marvels, like the ancient ones they so much resemble, are all connected by a natural link; and that, being all referrible to the same cause, they may be explained the one by the other; or, in other words, that a single marvel, thoroughly comprehended, will furnish a key to all the rest. Such a conclusion as this, removing every idea of supernatural agency, would be a victory gained by science over the spirit of superstition, to the great advancement of human reason and dignity.

"We purpose to enter upon this study from the double point of view of the critic and the historian. We shall endeavor to prove that the pretended supernatural manifestations by which the present century has been, and is now again disturbed, are only the consequences, the continuation, the necessary and inevitable developments of the phenomena of the same kind which have been displayed in the centuries preceding our own; and that all of them find their explanation in the nature of the human mind.

"The marvellous is, however, an aliment so necessary to humanity, that among all nations and in all times mankind have exhibited the same desire to believe in the wonderful, and to admit the supernatural. The imagination of the masses can only sympathize with that which is astonishing. The harmony of the phenomena of the world around the order of nature, the undeviating regularity with which her laws work out their own fulfilment, or, in a word, all that is truly admirable and wonderful in the universe, is unable to satisfy that passion for marvels which distinguishes the vulgar, and which Horace condemns as unphilosophical—finding in the maxim 'wonder not' the foundation of true wisdom."

M. Figuier passes on, concisely enough, but still at too great length for precise translation, to glance at the time, long gone by, when the personal intervention of Deity, either actually, or according to popular belief, governed the acts of the more primitive human societies: an intervention recorded in Scripture, and dimly indicated through the dense clouds of mythology. As this intervention was actually, or was supposed to be, withdrawn, the priesthood gradually succeeded to some share of the authority once exercised by the Divinity—and were expected to exhibit, in some unmistakable manner, signs of a Divine influence operating through them. Hence arose a demand on the part of the public—a necessity as regarded the priesthood—for some supernatural countersign in favour of every marked change of polity or laws, and such countersigns, according to differences of time and place, were called signs, miracles, or prodigies; and were renewed from time to time, either to subvert, or support, the systems they had aided to establish.

The priests of Egypt, the Llamas, the Brahmins, the followers of Zoroaster, the Gnostics, the Pythagoreans, and the priestesses of the Delphian oracle, are enumerated as having among them practised all the arts, and taught all the essential doctrines of modern mediumship. To them we shall return hereafter.

Proceeding to the early Christian period, M. Fiquier relates how the general inquietude of mind resulting from the conflict which raged between old and new opinions was especially favourable to manifestations of the marvellous; and how, moreover, these manifestations, which, for the most part, had formerly been limited to certain times and places, and fenced about by various mystic ordinances, then emancipated themselves from such restrictions. The temples and caves sacred to the pagan oracles, became mute as the public faith departed from them—the sybils deserted their ancient sanctuaries for an eternal exile—but oracles and sybils found their successors in so-called magicians, whose performances were held beneath the open sky, and before the gaping crowds of towns and villages.

In the apostolic age there flourished two so-called magicians, Simon Magus and Appollonius Tynaëus, whose skill and pretensions created no small discussion among the early Christians. “Many fathers of the Church,” writes M. Fiquier, “St. Justin among others, were not restrained from considering Simon as a god. The great magician had so mastered the faith both of Christians and of Pagans, that neither one nor the other dreamed of disputing the reality of his prodigies, but sought only to make the most of them. The Pagans regarded him as an emissary from the ancient gods, sent to manifest their power and to restore their waning influence. The Christians regarded him as operating by the immediate aid of demons, but still with the permission of their own true God. In all eyes, therefore, the performances of Simon were miraculous. When he made statues endued with powers of locomotion, that walked in the presence of the astonished and affrighted mob,—when he remained unhurt among the flames of a blazing pile,—when he changed stones to bread—all were miracles! and when having raised himself from the ground in a chariot of fire by the aid of two demons, he fell, after a few seconds of elevation—a miracle again. For the Emperor Nero pronounced that this downfall ought not to be attributed to any natural cause, but to the victory of the God of the Christians; and the people, eagerly embracing the opinion that Cæsar had delivered as from certain knowledge, and still further imposed upon by his author-

ity, declared with one voice that the fall of Simon was due to the prayer of St. Peter, which had destroyed the power of the demons of the magician.

In a note M. Figuier adds—

“The followers of Simon, whom the populace and even the senate of Rome worshipped as a god, raised a statue to him upon an island in the Tiber, with this inscription: *Simoni deo sancto*. Many fathers of the Church who read this inscription, fully acknowledged the authenticity of Simon’s miracles, and only protested against the attribute of *holiness* added to the divinity of the great magician. Others were not equally favourable to him, and alleged that he had sought to obtain from the apostles the gift of working miracles, and that he had formed an alliance with demons when his offers were repulsed.”

For the first part of this statement there is the distinct authority of Justin Martyr, who in his *Prima Apologia*, describes the statue with minuteness, and cites the inscription. But M. Figuier does not mention that, so lately as 1662, the following inscription existed in the island of the Tiber—*SEMONI SANCO DEO FIDIO SACRUM*; and that this has given rise to the supposition that Justin mistook a statue to Semo Sancus, the Sabine Deus Fidius, for one to his contemporary the magician.

Among the acts of Simon that have been recorded for the instruction of posterity, there is one that may be recommended to the notice of modern mediums. He did not turn tables, or cause furniture to dance, but he ordered a scythe to work by itself, and it performed an allotted task in a manner not to be surpassed by the most dexterous mower.

Of Appollonius it is said that he was able to transport himself instantaneously from one end of the earth to another, to change at pleasure into a bird, a stone, or a tree, to predict future events, and to evoke the spirits of the departed.

Besides Simon and Appollonius, the Roman dominions swarmed with less distinguished professors of the magic art; and the writings both of the heathen philosophers and of Christian fathers contain numerous descriptions of their practices. M. Figuier quotes *Tertullian* and *Ammianus Marcellinus* to show that prophetic chairs and ta-

bles, circles of people, and divining pendules, were among the machinery employed, and then passes on to glance at the Alexandrian philosophy, which, after the suppression of the schools, became the heritage of the so-called sorcerers. From this retrospect he draws the following conclusions:—

“What, then, were the means employed for the accomplishment of the various miracles to which we have so briefly referred? and how, among the ancients, did sorcerers proceed to work upon the rich mines of human weakness and credulity? This question, like all others which arise from facts dimly shadowed in the farthest distances of history, and having their origin in the most remote antiquity, cannot be resolved by any positive or documentary evidence. In default of such proofs there are, however, data which enable us to arrive, by induction, at probabilities that are little less than certain.

“An attentive examination of the chief marvels related in the histories of paganism, and of the earlier portion of the Christian era, shows that all these marvels might have been accomplished by a knowledge of certain physical principles and physical phenomena. This has been extremely well proved by a very ingenious and learned writer, who has devoted a part of his laborious life to historical researches into occult science. Eusébe Salverte has shown, by a profound study of facts, and by inductive conclusions from them, that, in whatever time and place the occurrence of such prodigies has been recorded, there existed certain classes of philosophers who possessed scientific knowledge to a greater or less extent. In the skillful application of such rudimentary science, the priesthood found means to astonish, to alarm, and consequently to govern the vulgar.

“‘Putting aside,’ says Eusébe Salverte, ‘that which belongs to trickery, to imposture, or to hallucination, there are no ancient miracles which a man versed in modern science cannot reproduce, either immediately, or after applying himself to penetrate the mystery; and the same science gives facilities to work various other miracles, neither less brilliant nor less numerous than those which fill the pages of history. The example of what the moderns could effect in magic is sufficient to explain the magic of the ancients.’

“It is certain that modern physical science gives us the means of repeating the miracles of the ancients. To affirm, therefore, that knowledge of such science was required for their first performance is to advance more than a conjecture,—it is to form an induction that has almost the force of an inevitable conclusion.”

M. Figuier proceeds to describe the gradual dispersion of the pagan priesthood and their neophytes before the advance of Christianity, and to assign to this cause the diffusion over the whole Roman em-



pire of persons and practices once confined to the temples and holy places of mythology. Among the Druids, especially, the professors of the magic art found a refuge and a welcome; and when Christianity penetrated into Gaul, the Druid priesthood were discovered to be in the habit of commanding spirits and of exorcising demons. The like gifts claimed by the Christians furnished an occasion of bitter rivalry between the two religions, and the Christians, for the more effectual destruction of their adversaries, revived that argument which the founder of Christianity had condemned in the mouths of the Pharisees. A demon expelled by a Christian priest, they said, was expelled by the mighty power of God; and the expulsion was a miracle. A demon expelled by a heathen priest was expelled by the aid of demons; and the expulsion was a sorcery. By virtue of this distinction the heathen priesthood were ranked with sorcerers and magicians, and under such denominations they were exiled, drowned, or burnt.

The very miracles which the Church had employed for the destruction of rival creeds without, were found useful, in the next place, for the settlement of doctrinal points within her bosom; and the same prodigies which, by their occurrence among the heathen, condemned those heathens as allies and servants of the devil, were held to be ranged upon the side of truth in all disputes between the Church and her own children. In case of schism, therefore, or of division into two religious parties, miracles were freely appealed to as the apostolic sign and the seal of tradition; and the Church, torn by many such divisions, and continually struggling against heresies, had constant necessity that such miracles should be worked. In order that the power of her priests over the devil should not be diminished by want of exercise, she had an equal necessity for demoniacs, and she found no lack of them. The Church distinguished—it is useless to inquire how—but she distinguished, between the persons who, by virtue of an agreement with the devil, had placed themselves voluntarily under his dominion, in consideration of being gifted by him with certain powers of infernal magic; and those whom the devil had seized upon by violence, or who were possessed through the intermediate agen-



ey of sorcerers. In all times, the first class of demoniacs were found to be extremely numerous; and it is impossible to say how many thousands of these unfortunates perished in the flames. Such was the rage to exorcise and to burn, that the monks discovered demoniacs wherever they had need of miracles, either to display the omnipotence of God, or to supply the tables of their convents. Unhappy, indeed, was he who was attacked by any malady. The most trivial indisposition might often be the cause of a horrible death, thanks to the zeal of the spiritual physicians who were eager for its cure.

From this time forwards, until the eighteenth century, the prevailing belief in the marvellous took the form of demonomania; and Figuier's pages contain little more than a catalogue of judicial murders. During the sixteenth and seventeenth centuries, a belief in the power of sorcerers was universal throughout Europe. The presence and the action of the devil in the human body was regarded as a familiar fact, altogether beyond dispute. When an individual was said to be possessed, no discussion was likely to arise about the actual fact of possession, but only as to whether it was brought about by the direct action of the devil or by the intermediate agency of a magician. Every sick person, for whose symptoms or sufferings the science of that time could neither assign a cause nor discover a remedy, was said to be possessed, and this convenient doctrine relieved the physicians and the moralists of the period from difficult and embarrassing research. An invalid suffering from convulsions, from any nervous disease, from any of the various hysterical or hypochondriacal affections, or from others which were imperfectly understood, was considered, by the mass of the people as well as by the educated classes, to be possessed by the devil.

It was the custom to refer to the devil himself, that is to say to the individual possessed, for information as to the manner in which the possession had been produced. This practice was extremely dangerous to many persons, inasmuch as the individual designated by the energumene as the author of the calamity could not be saved by any human agency; but, even if of the highest rank, or if an ecclesiastic, would nevertheless be proceeded against with the utmost rigour.

The Catholic Church provided a ritual for exorcisms, in which the following were enumerated as the signs or proofs of possession :—

1. Power to discover the unexpressed thoughts of the exorcised.
2. Knowledge by the possessed of foreign languages which he had not learned; and power to speak them.
3. Knowledge of future events.
4. Knowledge of events occurring at distant places, or beyond the reach of ordinary vision.
5. Sudden exaltation of the intellectual powers.
6. A development of physical strength greater than would properly belong to the age or sex of the possessed.
7. Suspension of the body of the possessed in the air during a considerable time.

The method in which these tests were applied in practice appears to have been somewhat similar to the manner in which the pretensions of a modern clairvoyant, or medium, are examined by a circle of enthusiasts. The curious love for the marvellous and the horrible, which is so marked a characteristic of the human mind, was sufficient to overpower anything like judicial impartiality, and to render the very judges themselves accomplices in pious frauds, intended to prove either the reality of the possession, or the guilt of the accused. In all cases, the confessions of the accused were accepted as sufficient and damning evidence against them, however they might be without corroboration, however opposed to known facts, however plainly the offspring of frenzy or insane delusion. The practice of judging the so-called witches and sorcerers seems, indeed, to have developed an insanity all its own; and to have been the source of a delusion to the effect that the mass of mankind were in league with the devil. M. Figuiet quotes from a personage whom he calls "le fameux Boguet," Chief Justice of the territory of St. Claude, who wrote in the reign of Henri IV. :—

"I hold," writes Boguet, "that the sorcerers could form an army equal to that of Xerxes, notwithstanding that it consisted of eighteen hundred thousand men. For Trois Echelles, one of the best inquirers into their affairs, declared, in the reign of Charles IX., that there were three hundred thousand in France alone; and how shall we cal-

culate the number to be found in the remaining countries of the world? Shall we not believe that from them at least as many more might be collected? For my own part, I make no doubt that, if we glance only at our neighbours, we shall find them all alike, swarming with these miserable and accursed vermin. Germany can attend to nothing but the preparation of fires; Switzerland, for this cause, has depopulated many of her villages; Lorraine shows to travellers thousands upon thousands of stakes to which sorcerers have been bound; and for ourselves (we being no more exempt than others) we see the frequent executions that take place in many districts. Savoy sends us daily an infinite number of persons possessed by demons, who, being conjured, say that they were placed in the bodies of these poor creatures by sorcerers, and that most of those whom we have burned, here in Burgundy, came originally from thence. And what opinion shall we form regarding France? It is difficult, indeed, to believe that she can be cleansed, considering the number that she contained in the time of *Trois Echelles*; and, without taking more distant regions into account, the sorcerers walk about by thousands, multiplying on the earth like the caterpillars in our gardens. I would have them to know that, if I had my pleasure, the world would be cleansed thoroughly; for I should desire that they might all be united in one body—so as to be burned at one time in a single fire.”

The benevolent intentions of this mediæval hero, although not absolutely accomplished, were not absolutely thwarted. For some twenty pages, the work of M. Figuier consists of nothing but a catalogue of judicial murders committed, not upon individuals, but upon masses of people. It is recorded that a single official, Nicolas Rémy, who exercised judicial authority in Lorraine towards the end of the sixteenth century, sent nine hundred reputed sorcerers, within fifteen years, to the stake or the gallows; and, nearly a hundred years later, the Parliament of Rouen addressed a solemn remonstrance to Louis XIV., who had designed to exert his prerogative of mercy in favor of some wretches sentenced to the stake, and had commuted their punishment to perpetual exile. The Parliament, composed of the most distinguished men in the province, commenced their memorial by reciting that the crime of sorcery had always been punished by death, in accordance with Scripture and with the testimony of the Fathers of the Church, by all the kings in Christendom. They proceeded to cite instances showing that successive Parliaments had

invariably assigned the same penalty to the offence; and they appealed to the piety of the monarch for the maintenance of the customary rigor. "In 1675," writes M. Figuier, "when the Parliament of Normandy unanimously signed this remonstrance to the King, the *Misanthrope* and *Tartuffe* had already appeared upon the stage, and more than thirty years had elapsed since the foundation of the French Academy!"

The introductory and more general portion of the History of the Marvellous embraces a glance at the progress and effects of the belief in demoniacal possession, from the death of Joan of Arc to the end of the seventeenth century. In order more minutely to describe the methods of procedure in cases of presumed sorcery, M. Figuier then enters upon a detailed narrative of the so-called possession of the Ursuline nuns at Loudun, in 1632, and the following years, and of the trial, condemnation, and execution of Urban Grandier, charged with having bewitched them. The history is one that can not be profitably condensed, and that space does not permit us to extract; but it may be studied with advantage by those who would learn what kind of hysterical excitement was then believed to indicate possession, and what kinds of testimony were then (as now) accepted in proof of the various matters alleged. The next division of M. Figuier's work, under the title of *Les Convulsionnaires Jansénistes*, contains an account of the life and death of François de Paris, of the so-called miracles worked at his tomb in the cemetery of St. Medard, and of the various flagellations, crucifixions, and other torture, undergone by the fanatic devotees whose minds were excited upon the subject of his sanctity. This episode brings down the History of the Marvellous to the year 1787.

The second volume contains the Divining Rod and the Protestant Prophets.

M. Figuier traces the history of the divining rod in its three chief applications—for the detection of thieves, of minerals, and of springs of water—from the earliest period down to the researches of M. Chevreul, in 1812. M. Chevreul, by a series of careful experiments upon the suspended ring—the analogue of the divining rod—

showed clearly that the movements of all such agents were produced by unconscious muscular action on the part of the persons holding them ; the muscular action, in its turn, being governed by *expectant attention*, or an idea of the results likely to be produced. M. Chevreul's experiments and conclusions are detailed in the *Revue des Deux Mondes* for May, 1833 ; and it is unnecessary, in this place, to recapitulate matter that is, in its principles, so familiar to every physiologist. M. Figuier does not, however, mention (although the fact curiously illustrates the vitality of all such delusions) the resuscitation of the pendulum in late years, under the name of Rütter's magnetoscope, as a test of the veritable presence, in homœopathic globules, of the medicaments professedly contained in them ; nor the experiments of Dr. Madden, of Torquay, who, following in the steps of M. Chevreul, showed that the oscillations of the magnetoscope were entirely governed by the mind of the operator, and corresponded with his own belief in the nature of the globules under examination. It is melancholy to reflect that these experiments should have been required after the publication of those by M. Chevreul, and at a time when the pretensions of the magnetoscope ought not to have excited a moment's attention on the part of persons ordinarily well informed.

The Protestant prophets, or Camisards, have been claimed as allies by some spiritualists of the present day. About 1668, the Protestants of France, maddened by the sanguinary persecutions that followed the revocation of the Edict of Nantes, deprived of their property, their civil rights, and often of their lives by the gibbet or the stake ; unable to marry or to legitimize their offspring ; inadmissible as witnesses ; precluded from holding any office, or from following any professional or commercial calling, were driven into a frenzy bordering upon despair. Forced by persecution to fly from France, the pastors had said to their flocks—" Fear nothing ; although we are forced to leave you, the Spirit of the Lord will not forsake you, but will be always present in your assemblies, and will speak to you through the mouths of women and children."

Understood literally, these comforting words had disordered the



imagination of many of the unfortunates who were detained by poverty in their native country. Their churches being destroyed, and their worship forbidden, they assembled among woods and rocks for secret prayer. For these persecuted religionists, the mountains and deserts were peopled with phantoms, and filled with the voices of revelation. In a profound silence, the slightest sound was regarded as the word of the Holy Ghost; and, if we may believe Catholic writers, certain artifices were used to exhibit miraculous visions to the more simple—visions which, in the opinions of the chiefs of the party, were likely to attract adherents to their cause. The armed insurrection that followed, and that continued, with various success, until its final suppression in 1705, was accompanied in its whole course by phenomena of ecstasy and of pretended inspiration. The prophets ruled the camp, and were chosen as military leaders on account of their spiritual gifts.

From M. Figuier's details, and copious extracts from contemporary documents, we gather that the supernatural manifestations among the Camisards were remarkably uniform in their character. With exceptions, and especially with exceptions in the case of those men whose talents and ambition gave them the desire and the capacity to rule their fellows, and in whom the means necessary to that end may pardonably be regarded with suspicion, the great majority of the inspired were women and young children, likely subjects for hysterical somnambulism. After the sermon of some desert preacher, or any other circumstance that had strongly fixed the thoughts upon religious ideas and upon the sufferings of the Church, the individual about to be inspired would remain for a time absorbed in his own reflections, and, wrapped in profound reverie, would become the subject of intense cerebral exaltation. After a longer or shorter duration of this phase, he would suddenly fall, deprived of feeling; and, stretched at length, would be attacked by epileptiform convulsions. By-and-by the scene gradually changed. The convulsions diminished and finally disappeared; quiet and serenity took the place of trembling and of pain. At length, the individual would rise apparently restored to himself, and would commence an eloquent discourse,



preaching the truths of the Calvinist faith, denouncing the idolatry of the Papists, and prophesying future events, among which were always the destruction of the modern Babylon (Rome), and the restoration of the ruined churches. These discourses, which lasted sometimes for hours, were always in French, although the *Langue d'Oc* alone was spoken in all the provinces of the south. The first words were invariably these :—" I tell you, my child, I assure you, my child." It was the Holy Ghost who spoke thus by the mouth of the inspired. The oration being concluded, gradually, and by a scarcely appreciable transition, the prophet returned to his natural state and his ordinary language ; not remembering, or remembering but confusedly, the words which he had spoken during the strange and temporary exaltation of his intellectual faculties.

Sometimes the ecstacy was provoked by the breathing of a prophet. In the religious meetings, the preacher, having concluded his discourse, would approach the neophytes considered worthy to receive the prophetic gift, and, breathing into the mouths of one or two, would say, " Receive the Holy Ghost." Soon after the newly elect would fall, would undergo tremblings and convulsions, would presently arise, and speak as if inspired. Having finished, he would in his turn breathe upon some other candidate for the like gifts, who, after his own period of excitement, would render the same service to others.

Moreover, a whole congregation, composed of perhaps a thousand persons, would sometimes fall into convulsions at the mere command of the preacher. Having finished his sermon, the prophet would exclaim, "*Mercy!*" loudly and repeatedly, and would order his flock to fall upon the ground. The greater number of the faithful would be obedient to this command.

The foregoing paragraphs (slightly condensed in translation,) if stripped of a few unimportant particulars relating to time, place, and the accident of persecution, might serve for a description of much that occurred during the late revival at Belfast. They might serve also, M. Figuiet remarks, to describe a similar movement in Sweden, in 1846 ; and all the phenomena appear to be purely, and

in the truest sense, hysterical. The use of the French language is rendered less surprising by the sameness of the discourses; and the ignorance and stupidity of those who became eloquent when "inspired" is only an additional illustration of a very familiar fact. We have so lately discussed the Belfast revival, that this subject need not detain us longer.

The third volume of the History is devoted to "animal magnetism, from the first appearance of Mesmer before the public, to the latest applications of hypnotism; and may be divided into two portions, the first, a very graphic and entertaining narrative of events, the second, the physiological explanation. Under the latter head, Mr. Figuier disposes in succession of the various hypotheses that have been advanced by the ignorant and the credulous; and claims for hypnotism the power to explain all the phenomena of cataleptic trance, ecstacy or somnambulism, and all the events that have supported, either in ancient or modern times, a belief in possession or in inspiration (excepting, of course, the inspiration made known to us by the evidence of Scripture). He admits, and regrets, that in the present state of knowledge, it is not possible to go much farther than this, or to state the essential changes in which hypnotism or nervous sleep consists. We know only that it can be readily produced by expectant attention, and that such attention can be most easily commanded by the aid of some object on which to fix the senses and the thoughts. *How* the act of attention modifies the condition of the nervous system we have yet to learn; but we are certain that the influence is only self-contained, and independent of any external agency—whether of "spirit" or "fluid." That our knowledge extends no farther is due to two causes; first, to the discovery of anæsthesia, produced by chemical agents, a discovery that destroyed at once the surgical interest attaching to mesmerism; and secondly to the character of the persons by whom mesmerism was chiefly practiced, and of the performances in which its effects were displayed. Respectable and intelligent practitioners were unwilling to investigate a pursuit that afforded notoriety to the most credulous of the profession, and gain to the most ignorant and fraudulent of tricksters.

Now that the popular enthusiasm with regard to mesmerism has died away, now that clairvoyance and phreno-mesmerism are forgotten delusions—succeeded by the “spiritualism” of the day, there is a prospect of scientific inquiry into the basis of reality underlying all these things, and into the essential nature of the agencies concerned in producing them.

In the meanwhile, the phenomena which can be referred to hypnotism, or nervous sleep, may be stated as follows :—

1. Bodily insensibility, ranging in degree from that of natural sleep to the most complete unconsciousness of pain, or other external impressions.

2. Somnambulism, or a state of general unconsciousness, accompanied by an exaltation of sensibility with regard to impressions of a particular class. These may be indebted for their power, either to their nature or their source ; that is to say, they may appeal to the sensorium by reason of being in harmony with the dominant idea, or by reason of emanating from a particular person ; the attention being fixed subjectively upon an idea, in the first class, and objectively upon an individual, in the second. The former condition may be illustrated by ecstasy and mesmeric clairvoyance, the latter by electro-biology ; and in each there will be complete subjection of the belief and the will to the impressions conveyed through the senses. Thus, in ordinary mesmeric sleep-waking, or in the ecstasy of religious revivals, or during the exorcisms recorded by M. Figuier, the “subjects” were most acutely alive to every breath of suggestion from without that had reference to the matter actually in hand, hearing the faintest whispers, catching at the slightest hints ; but neglecting, or absolutely deaf and blind to any irrelevant speech or action. The “electro-biologized” person, too, has his whole attention engrossed by the speech of the operator ; and his powers of comparison, judgment and volition paralyzed—not by an agency from without, but because his nervous force is concentrated upon a single object. To these varieties of somnambulism, distinct or blended, differing in degree or duration under different circumstances, the greater portion of the phenomena called supernatural may be referred.

3. Catalepsy, or rigidity of the limbs in a position not determined by gravity, is, when universal, of comparatively rare occurrence. In a partial form, it probably is more common. plays its part in the maintenance of the attitudes of faquirism, and is familiar to the *habitués* of the mesmeric *séance*.

4. Convulsions and tremblings are ordinary forerunners of the complete development of any of the former states.

5. Muscular movements, involuntary and unconscious, are very frequent in cases of partial hypnotism, and are brought about by a degree of attention that would be insufficient to produce any of the former classes of phenomena. They are exemplified in table-turning, in the movements of the divining rod, the exploratory pendule, and the magnetoscope.

For all these there are at least two distinct sources ; one, the contemplation of an emotion, or state of feeling, as instanced in all the varieties of ordinary hysteria ; the other, the contemplation of an object, as in all the varieties of artificial hypnotism. In both, the operation of the state of attention upon the body is not limited to the muscular and nervous systems ; but may extend, under certain circumstances, to every function of organic life.

We proceed now to the consideration of the matter that most immediately concerns us ; that is to say, the relation borne by modern spiritualism to these by-gone marvels. We may remark, in the first place, that a popular belief in the agency of spirits as the active causes of supernatural phenomena, has alternated with a belief in the agency of *fluids*, variously described as electric, magnetic, or odylie. While, therefore, we are not entitled to speak of spiritualism as being, in its essential characters, a new doctrine, still we cannot but recognize the existence of novel elements in its modern phases ; and we think it will be found that for these novel elements, for everything that is distinctive in its characteristics or teachings, it is, in a great degree, indebted to the impulse given to human thought by the writings of Emanuel Swedenborg.

Into the theological and doctrinal teaching of Swedenborg it is not our purpose to enter ; but it is necessary to say a few words con-

cerning his account of the eternal world or state, for the information of readers who may not be conversant with his views.

He held, then, that the soul, or spiritual existence, rather than the material body, constituted the essential and aetnal man ; and that this soul, although not palpable or visible by material organs, was just as really a substance as the earthly body itself. He held that the spirit, when liberated from the body by the death of the latter, passed at once into an intermediate state of existence, the Hades of the Greek Scriptures, where it was prepared for its final destination, in heaven or in hell ; and further, that, at certain epochs of the world's history, Hades had been cleared of its tenants by the operation of general judgments. Of these he taught that the final one, the last judgment predicted in the New Testament, occurred in or about the year 1757 ; and that, from that date for ever, individual judgments will do away with the occasion for general ones ; each departed spirit going to his own place speedily. The last general judgment but one, according to this writer, took place during our Lord's ministry upon earth : so that for seventeen years or thereabouts, Hades had been continually receiving the spirits of those who departed this life, and of whom there were many completely assimilated to the state of the infernals, and ready to enter into Gehenna. He believed, also, that the spirits in Hades were able to communicate with men in this world, by suggesting thoughts to them—thoughts good or evil ; and that they were actually and continually so employed ; and he traced much of the profligacy and misery of the time in which he lived to the number of wicked spirits who were by this kind of suggestion constantly influencing the thoughts and actions of the human race ; then, as at all former times, too ready to fall before temptation. As the immediate result of the last general judgment, and the removal, consequent upon it, of spirits confirmed in evil from Hades to Gehenna, he predicted a great amelioration in the condition of the human race ; who, no longer brutalized by overpowering demoniac influences, were to make prodigious advances both in knowledge and in conduct. Moreover, these advances were to be permanent : because the individual judgments to



be recorded for the future, and the more speedy transmission of souls in consequence of them through Hades to their final destination, would forbid any accumulation of demoniac influence in a state able to operate upon mankind.

Swedenborg taught, farther, that the spiritual world was around us on every side, and only concealed from our view by the veil of fleshy consciousness—a veil capable of being raised, prior to dissolution, whenever it pleased Omnipotence. Its being thus raised was, he held, the means by which various persons described in Scripture—*e. g.*, Balaam and Elijah's servant—were enabled to behold spiritual existences formerly invisible to them; and he ascribed his own visions, into the nature of which we do not intend to enter, to a similar interposition of the Divine.

Now an absolute belief in Swedenborg's doctrines of Christian faith and duty, and a belief, more or less modified, in his visions, and his views of the eternal world and state, have for many years been very widely diffused among Protestant Christians, especially in the United States. The small and most sectarian sect called Swedenborgians, represent only a minute fraction of the followers of their master; and hence there were, when spirit-rapping was first heard of, thousands of people perfectly familiar with the idea of the nearness of the spirit world, and who believed that an alteration in their own state would, even in this life, allow them to hold actual and conscious communion with the souls of the departed.

It may here be observed, however, that while regarding spiritualism as in one sense a result of Swedenborg's doctrines, we do not wish to be understood as implying that it is their corollary. For these doctrines may be assented to by those who, nevertheless, feel that intercourse with the spirit world is something entirely abnormal; possible, it is true, and perhaps occasionally permitted; but that, nevertheless, the barriers between the natural and the spiritual states are not of a nature to be removed by any power short of Omnipotence, or to be suspended for the fulfillment of any purposes short of those of universal wisdom. The doctrine of the eternal spiritual existence of the human race is so completely in unison with human



hopes and aspirations, is so agreeable to our reason, and so abundantly confirmed by revelation, that Swedenborg can add nothing to the evidence in its favor. His works should rather be regarded as a natural and necessary reaction against that Protestantism which, desiring to overthrow the Romish scheme of purgatory, had, in fact, utterly ignored the spiritual life of Hades, and had been gradually developed into a belief in the suspended animation of human souls, from the dissolution of the body to some period still in the future. Under this teaching, the soul or spirit, destined only to be resuscitated after the lapse of ages, ceased to be regarded with the interest properly attaching to it, and, instead of being considered the essential man, was looked upon as a vague and shadowy something, of which it was impossible to give any precise account. The most enlightened Protestants of the eighteenth century, as a rule, would hold about the soul opinions only to be described as a fasciculus of negations; and would look forward to its reunion with the material body as a condition essential to its active life. The writings of Swedenborg, to minds thus instructed, would possess all the charm and interest of absolute and most attractive novelty; and, instead of only modifying erroneous opinions with regard to the state and condition of the soul after death, would in many cases present for the first time a real idea of the soul as a substantial existence. This idea thus given, and spiritual bodies being described as perpetually surrounding us, it is but a step farther to think of them as exerting active influences upon material things.

Accordingly, when, nearly ten years ago, it was announced that the then familiar table-turning was a result of spiritual forces, and that spirits communicated with mankind through the agency of persons called "mediums," by making raps upon tables, there were thousands in the middle and upper classes, of the kind called "intelligent observers," who saw no difficulty at all in the matter. They knew of no reason why these things should not be; they were conscious of no broadly-marked distinction between spirit and matter; they saw no incongruity in the presumed action and reaction between them; they heard the raps, and took the spirits for granted. From

this the delusion prospered ; and, having at first been but little more than a new method of drawing-room fortune-telling, it now numbers, in the United States by millions, and in this country probably by thousands, adherents who consult their familiar for every principle of conduct in this life, and for every belief or hope with regard to the life to come. Of this sect, the mediums are the priests, and raps upon a table are the oracles.

The pretensions of the Spiritualists have steadily increased during late years ; but their present claims are stated as follows, by a prominent brother of the order, who wishes to "present a brief general statement of the leading phenomenal phases in which, at the present day, Spiritualism is presented to us :"—

"Before doing so," writes this author (*Spiritual Magazine*, No. 2), "as a preliminary observation necessary to a right understanding of the matter, we would remark that there are persons in some way peculiarly constituted, whose presence appears to furnish conditions requisite to enable spirits to act upon matter, or to manifest their agency in any way cognizable to men. In what this peculiarity consists, whether it be chemical, electrical, magnetic, odylie, or in some combination of these, or in what else, it would lead us too far from our present purpose to consider." (We break into the quotation at this point, in order to call attention to the effects of spiritual intercourse upon English composition.) "At present we would only point out the fact that the presence of one such person at least is necessary in every circle before any spiritual manifestations can be obtained. Such persons are now technically designated *mediums*."

The most common form of the manifestations, and that which is most easily obtained, is seen in—

"1. *The Rappings, Table-tippings, and other Sounds and Movements of Ponderable Bodies*.—The company assembled place their hands lightly on a table, and, if a suitable medium is present, in a short time sounds, like raps or detonations, are heard on the table, the chairs, the walls, or the floor, often varying in power and tone. . . . At other times, instead of sounds being heard, extraordinary movements of the table are seen, it rising and falling vertically or perpendicularly, and to different elevations off the floor, or sliding along the room first in one direction and then in another, or moving rapidly round it. . . . On more than one occasion we have seen the table rise from the floor without any contact . . . no one being nearer than from two to three feet of it. Human beings also

have frequently been raised off the floor and floated round the room in the presence of numerous persons."

2. *Spirit-writings and Spirit-drawings.*—The former of these modes of communication is not unfrequent. Usually, the medium holds a pencil in hand as for writing, and, sometimes immediately, sometimes after a few minutes, the hand goes into involuntary motion, forming letters, words, and sentences, making an intelligible communication or reply to some question, verbal or mental, that has been asked. . . . With some mediums the hand is simply used mechanically, the medium not having the slightest idea of what is being written; with others this is accompanied by impression as to the immediate word or sentence that it is to be written, but no further. I know one medium who sees before him in the air, or upon the table, the word he has to write. . . . Cases of direct spirit-writing, that is, not requiring the intervention of a mortal hand, are comparatively rare.

3. *Trance and Trance-speaking.* . . . —In this state the trancee frequently speaks as from a spirit—sometimes in long and sustained discourse; and even at times in a foreign and (to the trancee) unknown tongue. We have scores of times heard persons of but little education discourse, when in this state, with an amplitude of knowledge which we are sure they did not in themselves possess, and with a logical coherence and power of expression of which in their normal state they were incapable. . . . This state is similar, if not identical, with that which in the same persons may be induced by mesmerism.

4. *Clairvoyance and Clairaudience.* . . .

5. *Luminous Phenomena* are sometimes seen at spiritual *séances*. They are usually described as very brilliant; sometimes they appear as stars, or as balls of fire; at other times they shoot, meteor-like, through the apartment, or gleam over the walls, or appear as luminous currents circling round a particular centre, such as the hand of the medium, the pencil with which he is writing, or some object in the room.

6. *Spiritual Impersonation*, or the representation or reproduction in a medium of the actions and manner, gait, deportment, and other peculiarities which distinguished the actuating spirit in his earth-life.

7. *Spirit-music.*—A musical instrument, say a harp or an accordion, being held or suspended in the hand of the medium, or of some person near him, tunes are sometimes played on it by invisible agency, often in a very superior manner; sometimes it will be a known and familiar tune, at other times spirit-music will be thus improvised.

We know persons who often, when alone and unexpectedly, hear delightful music, apparently in the air, resembling, and yet unlike, any other they have heard. . . .

8. *Visible and Tactual Manifestations*, such as the appearance and touch of *spirit-hands*. . . .

9. *Spirit Intercourse by means of the mirror, crystal, and vessel of water.* . . .
10. *Apparitions of the Departed.* . . .
11. *Visions and Pre-visions.*
12. *Dreams.* . . .
13. *Presentiments.* . . .
14. *Spirit Influz*, by which ideas and sentiments are infused into the mind. . . .
15. *Involuntary Utterance.* . . .
16. *Possession.*—We believe that many persons treated as insane are only so in the same sense as the demoniacs of old. . . .

Our space has compelled us entirely to omit the explanation of some of these sixteen headings ; but we trust that we have preserved enough to convey to the reader a clear notion of the phenomena that are said to occur. In the fifth number of the *Spiritual Magazine* we find a paper by William Howitt, entitled "The Threefold Development of Spiritualism," from which we learn that there are three distinct phases of mediumship. Of these, the first, or lowest, is concerned in the production of the physical phenomena, the second involves intellectual, and the third spiritual illumination. The poems of Mr. Harris, said to be dictations from the spirits of Rousseau, Keats, Shelley, Byron, Coleridge, Pollok, &c., are quoted as illustrations of the intellectual phase, and the sermons of Mr. Harris as illustrations of the spiritual phase. To these compositions we shall have occasion to refer hereafter.

Mr. Harris himself defines modern spiritualism "as a series of actions on and in the human spirit and body, and on the objects of the natural world, produced by the more abundant descent of the Divine Spirit into Christendom and the world, for the purpose of unfolding the more interior and spiritual, as well as natural human faculties, into higher states of force, perception, and utility. It may be defined, in its counter movement, as the results produced in man and on nature by the opposite effort of infernal spirits, to take advantage of new openings, to invite to evils, and to destroy the faith."

We have in these various quotations a sufficient basis of information concerning the alleged facts of spiritualism to enable us to investigate their nature and causes. The three phases of Mr. Howitt's

are too much for us ; and we purpose to consider the whole matter under two heads—first, the physical phenomena of a *séance* ; and, secondly, the results of spiritual dictation.

(*To be continued.*)

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ILLUSTRATIONS OF CONGESTIVE MANIA. BY J. H. WORTHINGTON, M. D., Medical Superintendent of Friends' Asylum for the Insane, Philadelphia, Pa.

THE following notes have been condensed from the record kept by myself, of cases which have been under treatment in the Asylum during the last eighteen years. They have been selected from many others, as being the best adapted to show the character of the symptoms peculiar to idiopathic insanity.

It appears to me to be of much greater importance than has been generally acknowledged, to distinguish between those cases which are dependent upon a primary lesion of the brain, and those in which the functions of the organ are merely disordered through sympathy with disease in some other portion of the system. The ancients, those acute observers of nature, were accustomed to make this distinction, which has perhaps been too much neglected by modern physicians.

It is probably owing to the difficulty of drawing a line which would define clearly the limits of the two forms of mental disorder, that the distinction has not been more insisted on by recent writers on the subject of insanity ; but when the difference between the best defined cases of each form is so well marked as it appears to be, I think it can do no harm to point out some of the most striking characters which distinguish cases of idiopathic insanity. The classification which has heretofore been generally in vogue, in which distinctions are based almost exclusively on the mental phenomena, has also doubtless caused physical differences to be somewhat over-



looked. It is true these have been recognized to a certain extent, and have formed the basis of distinction to a very important form of insanity, viz., that which is known under the name of general paralysis; but it is perhaps not hazarding too much to say, that for a majority of alienists the physical lesions of this form of disease place it in some degree outside of the pale of ordinary insanity, which they look upon as a mere lesion of sensibility, entirely independent of organic disease, and in its recent stages almost always susceptible of cure. It has even been said that simple insanity is never directly fatal, but only indirectly so, in consequence of the exhaustion induced by long-continued excitement accompanied by loss of sleep and impaired nutritive functions. I believe, however, if fatal cases of insanity were attentively examined, that they would generally be found to be produced by causes which act directly upon the brain, and to be frequently characterized by the symptoms which have been described as indicative of congestive mania. The recent cases which do not recover, amounting in different hospitals to from 15 to 30 per cent. of the whole, constitute an extremely interesting class, which have hitherto received less attention than they deserve, and the study of which, it appears to me, is well calculated to throw additional light on the nature of insanity. Some of these cases die in a short time, presenting the group of symptoms which have been described by Dr. Bell of Boston as peculiar to a hitherto unrecognized form of cerebral disease. Others linger for a considerable time, and constitute the class of cases which are mentioned in the reports as dying from the exhaustion of acute mania; while another portion is composed of the cases which present the symptoms which I have described as peculiar to congestive mania. All of these cases present certain features in common, and their history, when complete, has in my experience generally proved that the patient has been subjected to the influence of causes which act directly upon the brain. Long continued and intense application of the mind to any subject, especially in connection with circumstances of unusual care and anxiety, prolonged mental distress and anguish accompanied by incessant direction of the thoughts upon the cause of trouble, the daily and



unremitting irritation kept up by the abuse and neglect of the intemperate head of a family, are causes which alone, as well as in connection with intemperance and vice, have doubtless been found by general experience to be productive of fatal and incurable forms of insanity.

Such causes as the above, when acting with sufficient energy, are capable of producing those changes in the cerebral circulation, and those tendencies to disorganization of the cerebral structure, of the precise nature of which we are as yet ignorant, but which give to the cases under consideration their character of incurability, and which in fatal cases are the immediate and direct cause of death.

The distinction between idiopathic and symptomatic insanity is far from being merely speculative. On the contrary, it is one which leads to conclusions in regard to the treatment of insanity, of great practical importance. In one case the remedies must be addressed principally to the removal of the primary cerebral affection, and local depletion, counter-irritants, purgatives, low diet, and a moderate antiphlogistic regimen, may be indispensable; while in the other, a liberal diet, an alterative and tonic course of treatment, with the free use of narcotics, and abundant exercise and amusements, will be more effectual.

Most of the cases which we have presented were of recent origin, and, apart from any value they may possess as examples of congestive mania, are interesting as illustrations of the mode by which recent cases of incurable insanity frequently terminate. It was not designed to offer any opinions in relation to the pathology of congestive mania; consequently the absence of post-mortem examinations in most of the cases, detracts less from their value than it otherwise would do. In two cases, however, in which such examinations were made, the appearances have been described. The liability of women at the critical period of life—all the cases of females here described, with one exception, having occurred at this period—is worthy of especial notice.

CASE I.—A female, aged 42, entered the Asylum on the 10th of September, 1842. The physicians' certificate stated that she had

an affection of the heart, and had been insane one month. A few days after her admission she was in a state of high excitement, very noisy and profane, appeared terrified, stripped herself naked, and refused food through fear of poison. Head hot; pulse full and frequent; tongue white, and covered with a viscid saliva, which she spat about incessantly. One month later, she was alternately calm and excited. Even in her most rational moments she recognized no one, and called her attendants by wrong names. Her urine was scanty, she was affected with nausea, spat constantly a viscid saliva, and obstinately refused food and medicine. On the 30th of October, there were obvious symptoms of cerebral congestion. The skin was febrile, the head was hot, and the veins of scalp were distended. Pulse full and frequent; tongue and lips affected with spasmodic twitching, and she was unable to articulate distinctly. She continued for several months in the above described condition, with varying intervals of comparative calmness. At her best, however, she was entirely incoherent, and recognized no one. She had occasional nausea and vomiting. Her tongue was at times dry and parched; her bowels were very torpid, and she was utterly regardless of all propriety in the care of her person.

On the 2nd of March she had an attack of partial coma, from which she was aroused by the application of the cold douche. Pulse in the temporal arteries full and strong. Was cupped on the back of the neck to the extent of eight ounces, and soon after went into convulsions, which continued at frequent intervals for several hours, leaving her in a state of entire unconsciousness. A few days after this attack the sensibility to painful impressions was very acute, and she cried out with pain, which she appeared to suffer in every part of her body. Two weeks afterwards she was highly excited, screaming with terror,—declared that they were showering that “accursed stuff” all over her, and called for her friends, whom she thought just outside of the door of her room, to come to her assistance. Continued to have the paroxysms of terror at frequent intervals, notwithstanding which she improved in physical condition, and gained flesh. After several weeks she became more calm, and

walked out daily; sat at the table at meals, and behaved with propriety; recognized no one, but greeted every person she met as an old acquaintance. During all this time there was no hesitation in her speech, or difficulty of locomotion. She was discharged about midsummer, and died soon after leaving the institution.

CASE II.—A lady, aged 53, for a number of years had suffered from severe domestic afflictions in the death of near relatives, including her father, who died during the past year in a state of dementia supervening upon paralysis. Has been insane about two months, and in that time has lost her memory almost entirely. Her tongue deviates slightly when protruded. Within a fortnight of her admission was in a state of high excitement, and scarcely slept at all for several days and nights. Sang, prayed, and shouted at the top of her voice. Refused food and medicine, and attacked her attendants. Sometimes fancied she was dying. Her skin was of natural temperature, her tongue furred and pasty. Her memory of recent occurrences was very much impaired. Imagined herself in her own house, called her servants, and was vexed because they did not answer. Had various hallucinations;—thought she saw her husband every day; refused to take her medicine, because her family physician had told her not to do so; thought there were people in the room with her when she was alone. Had no correct ideas of locality. Thought herself at home, and invited company to dinner; at other times that she was near her own residence, and could easily walk there. The facial paralysis became more marked. Her tongue deviated to the left; mouth and lower jaw inclined to the same side. The right eyelid drooped.

About the middle of April she had an attack of diarrhea, which weakened her considerably. She talked about going to heaven, and said her Saviour was in the house waiting to take her, but she was prevented from seeing him. Three months later, her disease continued to progress. Her appetite was excellent, yet she refused to eat for fear that her food might contain poison. She stripped herself naked, fancying that her clothes were poisoned; held conversations

with her "Heavenly Father," and threatened with instant death those who refused to comply with her demands. Her mind was filled with the most absurd delusions. Imagining that her brother was sewed up in the bed, she refused to lie down lest she might injure him, and slept sitting up in a chair. On one occasion she retained her urine for thirty-six hours, because she was afraid if she used her night-vessel that it would explode and kill her.

On the 9th of September the muscles of her face began to be affected with spasmodic twitching, and she was soon after seized with violent convulsions, after which she continued comatose for several hours. The next day she spoke distinctly, and had the free use of all her limbs. On the 14th, the power of expressing her ideas by language was entirely lost. In attempting to speak she uttered a confused jargon, with only occasionally an intelligible word. She had a recurrence of the convulsions on the 2nd of October, continuing at frequent intervals until the 4th, when she died. For a week previous to the last attack she was conscious of surrounding objects; understood and answered questions correctly, the power of speech having been restored.

*Autopsy.*—Scalp bloodless; os frontis and anterior portions of parietal bones from one-half to five-eighths of an inch in thickness; arachnoid thickened; meshes of pia mater covering the whole upper surface of the hemispheres, infiltrated with a large quantity of colorless serum; veins of pia mater distended with dark-colored blood, mixed here and there with minute bubbles of air; the vascular congestion more marked on the left side, and more over the posterior than over the anterior lobes; the pia mater attached to the substance of the brain by numerous blood-vessels dipping down into the latter, removed with difficulty, and easily torn; cortical substance of natural consistence, presenting, on the removal of the membranes, numerous bloody points, the whole surface being tinged a pale dark-red color. The white substance, on being sliced, gave out also numerous bloody points, which were most observed in a circumscribed portion of the left posterior lobe, of the size of an egg. There was no softening of any portion of the cerebral structure.

CASE III.—A gentleman, 28 years of age, with hereditary predisposition to insanity, somewhat eccentric in his disposition, and noted for the tenacity with which he adhered to his own opinions, entered the Asylum on the 11th of November, 1843.

Has been engaged in mercantile business since his 19th year, in which he failed about three years ago. Since then has led a wandering and unsettled life; has traveled about the country extensively in search of employment, and at one time visited a Shaker establishment with the intention of joining it, which, however, for some reason he declined doing. During this time his character has undergone a great change; from having been prompt, resolute, and decided, he became timid and vacillating, and could scarcely decide upon performing the most trifling acts.

The emotional functions were also disordered, and he manifested dislike to near relations, to whom he had before been strongly attached; gave way to violent paroxysms of anger, and attempted to commit suicide.

On his admission his general health was good. Pulse natural, tongue clean, and appetite unimpaired. There was no heat of the head, but the pupils were unequally dilated, the right being the larger; right eyelid slightly drooped; right angle of the mouth depressed. He talked rationally on common topics, and manifested his derangement chiefly in conversation on his own condition. He said that a change had been coming over him for about three years, but it was not insanity; that his mind had become "fixed," but could not explain what he meant by this expression; that he had possessed for a considerable time a power, which he did not discover until recently, over the minds of other men, an influence which he could not explain, but which was possessed by no one else. He was anxious about his temporal affairs, and wished very much to do something for his maintenance. He thought he would soon learn shoemaking, or some other trade, by which he could make money to supply his wants. There was a vagueness and incoherence in his ideas and language, of which he seemed conscious, and on finishing a sentence he frequently said, "I cannot make you understand."

During the first few weeks of his admission, he worked industriously at basket-making, and acquired some proficiency in the art. His mind appeared to be in the same condition, but he thought he was worse ; said that his memory was failing. Gradually he became moody and reserved, and left off his occupation. After a few weeks spent in this way, his feelings suddenly changed, he became very much elated at the prospect of his speedy recovery, and wrote a long letter to his father describing his improved condition. This excitement continued, and he became very irritable, and assaulted his attendants. It reached its height in about three weeks, when he had a frequent pulse, talked incoherently, gesticulated with violence, looked terrified, and thought every body was trying to kill him. He walked his room with enormous strides, was almost without sleep for several days and nights, refused medicine but took food freely. The secretion of urine was deficient.

This excitement gradually subsided, and three months afterwards he was comparatively calm, and occupied himself in writing letters to his friends ; walked out daily and took abundant exercise ; manifested a tendency to plethora, and was kept on vegetable diet. He continued to improve after this, his delusions vanished, and he appeared well mentally, and was granted the liberty of the grounds. He remained in the institution in this condition for several weeks, his general health being excellent, and manifesting a decided tendency to plethora, and at length eloped, after a residence here of about one year. A letter was received from his father soon after, saying that he continued well, and requesting his discharge.

CASE IV.—A farmer, aged 42, having an hereditary tendency to insanity, several weeks before his admission complained of a general feeling of discomfort, was forgetful, and unable to attend to his business. He soon passed into a condition of great mental agitation, imagined that robbers and murderers were in pursuit of him, became so violent that it required several men to restrain him, and threatened to take his own life.

On entering the Asylum, his general system appeared to be in a



healthy condition ; his tongue was clean, his appetite was good, and his bowels acted regularly. His pulse was somewhat excited, he appeared afraid of every thing, and begged not to be bled or "operated on." Two days afterwards he had slept well, his bowels were confined, his head was hot, and the carotids pulsated forcibly. Two months afterwards his manner was excited, pulse frequent, scalp congested, face pale and expressive of terror. He slept well, notwithstanding. His tongue was clean, his bowels confined, and his mind appeared incapable of comprehending any thing that was said to him. A few evenings after this, was found in his bed in a comatose condition, with stertorous respiration, and the muscles of his face were affected with momentary spasms.

During the following month he was able to walk out, but his mental condition was unimproved. He expressed a wish to go home, and spoke of his mental disorder, saying that he knew he had been laboring under delusions ; but his manner evinced that he did not understand what he was saying. He now slept badly, became more excited and difficult to control, and made an attempt to commit suicide by hanging, but was discovered and released in time to save his life. Was removed by his friends at the end of three months. I never learned how his case terminated.

CASE V.—A physician, aged 35, nervo-sanguine temperament, ardent in the pursuit of his profession, and the author of several improvements in surgical instruments,—three years ago, while his mind was greatly harrassed by a law suit in which he was interested, was attacked with convulsions resembling epilepsy. Since then he has been engaged in hazardous speculations of a pecuniary sort ; has been dissolute in his habits, and used intoxicating drinks to excess. The convulsions have returned at intervals of a month or more, and have lately been followed by maniacal excitement, which generally continued until he went to sleep. The two last attacks of convulsions were only separated by an interval of a week, during which there was no return of reason. He fancied himself away from home, and was unable to form any correct ideas of his locality,

or surrounding objects. For these symptoms he was bled, purged, kept on low diet, and took narcotics.

When brought to the Asylum, he thought he had been sent for to visit a patient; did not recognize his friends who came with him, and frequently inquired their names. On being told that he was in bad health, and had been brought to the institution to be placed under treatment, he remarked, "Yes, I am sick; I have been confined a long time."

Three days after his admission, imagined that he was in New York, and asked how long he had been there. He was constantly inquiring the names of the attendants, which on being told he immediately forgot. He seemed like one in a distressing dream, and was always in some trouble, looking for something he had lost, or having bills to pay without the means to pay them with.

On the 5th of November, about three weeks after his admission, he was in fine spirits, and found an old acquaintance in every one he met. His memory at this time was entirely lost, and every event of his past life seemed to be quite forgotten. Two days afterwards, had an attack of convulsions, followed by coma of forty-eight hours duration. During the latter part of the winter he was more excited. Was noisy and destructive, tearing up his clothes and bedding; pulse full, face flushed, urine scanty and high colored. On the 17th of February, had another convulsion of the same character as the first. After this his mental condition continued without the least sign of improvement, his physical state deteriorated, and he became quite emaciated. He was removed by his friends, after a residence of five months in the institution.

CASE VI.—A gentleman, 59 years of age, constitutionally predisposed to insanity, having a brother insane, possessed of great mental and physical energy, had led a life of much excitement as politician, speculator, &c., and recently met with great reverses, having hazarded and lost all he was worth on the result of an election. His insanity dates back two years, but has not prevented him, until a few weeks past, from having his liberty, and taking care of himself.

Within a month he has become much worse ; has lost all memory of recent occurrences, and has no idea of the lapse of time. Wandered away from home and could not find his way back, or give any account of himself, and did not recognize his most intimate friends. His conduct and actions were entirely irrational. He stripped himself naked, destroyed valuable books, papers, &c.

On entering the institution he took a walk into the garden in company with an attendant. While he was gone his friends left him, and on returning to the house he did not discover their absence, or appear to remember any thing about them. His pulse is irregular ; there is no heat of the scalp or of the surface generally. He spits frequently. Two days after his admission he was free from excitement, but very obstinate, and difficult to manage. He refused to rise in the morning and dress himself ; stretched himself out, and pretended to be dead ; denied his own identity, and said he was not Mr. B. Three weeks afterwards there was considerable thirst, the tongue was dry, the secretion of urine scanty. He sometimes lay in bed naked, and refused to be dressed ; at others stretched himself out on the floor, under the pretence that he was dead.

He soon began to present the happy and contented expression peculiar to general paralysis. "He could make clothes that would never wear out ;" "could run like a deer ;" "nobody could catch him ;" "could shave a man so clean that he would never need shaving again ;" "his son-in-law was the richest man in Philadelphia,"—and made other boasts equally puerile. A short time after, his articulation was indistinct, but his mind seemed somewhat improved. He saw some of his friends, and recognized them. About this time he had a severe attack of diarrhea, and a carbuncle formed on the nates which occupied nearly a month in healing.

Six months after his admission, about the middle of October, paralysis began to show itself in the lower extremities, and in two months more had progressed so far that he was unable to walk, even with assistance, and was obliged to keep in bed. From this time the downward progress was rapid. Another carbuncle appeared on the nates, sloughs formed over the trochanters ; his digestive func-

tions, which continued good until a late period of the disease, became impaired, and he gradually sunk, and expired on the 6th of March, after a residence in the institution of nearly a year. No autopsy.

CASE VII.—A man, aged 29, with a low forehead, and other signs of naturally feeble intelligence, within a year or two of his admission into the Asylum passed through a series of severe domestic trials, and for several months was observed to be different in his manner from what he had been, and to gradually lose his memory. On admission the pulse was slow and weak, the tongue coated, breath offensive, bowels confined. A fortnight after admission his memory was almost entirely lost. He thought he might have been in the Asylum three or four years, and could not tell what his wife's name was before he married her. A month later he paid no attention to cleanliness, and the muscles of his legs were contracted so that on rising in the morning he was unable to place his foot upon the ground, but walked on the ends of his toes. His countenance wore the happy and contented expression peculiar to general paralysis, but he had several violent paroxysms of fear, and thought the attendants were going to kill him. The circulation was languid, and the extremities inclined to be cold. He remained in the institution six months, and left without any material improvement.

CASE VIII.—A woman, 45 years of age, entered the Asylum on the 22nd of November, 1850. A year before her admission she had an attack of remittent fever, and since then has never been entirely free from evidences of mental disorder. For a number of years before the attack of fever she was subject to giddiness and temporary forgetfulness, so that she would sometimes lose herself in the streets. During the last three months the symptoms of insanity have been more marked, and she has been subject to various hallucinations. She imagined a great variety of occurrences that never took place, and described them with the utmost minuteness. She was strongly influenced by the emotion of fear, and imagined that some bodily injury was about to be inflicted on her.

After her admission, a prominent symptom was a habit of relating.

with circumstantial minuteness, occurrences which never happened. She fancied that people came into her room at night for the purpose of injuring her, and described all the details of their visits as minutely as though something had actually taken place which she had seen and heard, and of which she had the most distinct recollection. She never discovered the character of the institution, but thought it was a "Widows' Asylum." Her bowels were confined, her tongue furred, and her breath offensive. One month after her admission a want of tone and energy of the muscular system was remarked, and her tongue and hands were noticed to be tremulous.

During the following spring she had frequent flushing of the face and epistaxis, which were relieved by the cold douche applied to the head. She was disposed to be industrious, and was willing to assist the attendants in their duties, but still continued under erroneous impressions respecting the character of the institution. She was allowed to assist in sweeping and other domestic occupations, in which, however, she showed no judgment, though she considered her labors very important.

In the autumn there was an increase of excitement. She was constantly busy about something which she considered very important, such as cutting up her dresses with the intention of making several out of one, and gave much trouble by her well meant offers of assistance. At times became highly excited when opposed, and threatened to kill the attendants for interfering with her proceedings. During this time the head was generally too hot, though the pulse was natural; she slept well, and had an excellent appetite.

On the 10th of December there was a change in her manner and conduct, and she presented symptoms of cerebral oppression. She entertained the idea that she was to be hung, and talked about it constantly. Her appetite was good, her bowels were moved daily, her pulse was natural, her head was hot, and her tongue thickly coated. The two or three following nights she slept pretty well; on the nights of the 13th and 14th she slept none, but talked constantly about a person who said he was going to hang her. She spoke very slowly, and her articulation was imperfect. On the 15th, her evacu-

ations were regular and natural, her tongue was covered with a thick brown fur. During the two next days she had several hours' sleep at intervals, but her mental condition was unchanged, and she talked constantly about poison and hanging. On the morning of the 18th, had an attack of syncope, which lasted half an hour. She continued to sink, and was unconscious during the greater part of the day; pulse frequent and very feeble, pupils contracted, skin warm and moist. She died in the evening, about 9 o'clock.

*Autopsy*:—Muscular rigidity moderate; no emaciation. Head: Os frontis from one-fourth to one-half an inch thick. There was thickening and opacity of the arachnoid over the whole of the hemispheres, more marked on the lower surface. The superior aspect of the brain showed the vessels of the pia mater empty. Inferiorly, about the pons varolii and medulla oblongata, there was slight injection of the minute vessels, and on one of the middle lobes the membranes were separated from the substance of the brain by an effusion of clear serum, forming something like a small bladder, containing about a drachm of serum. About two ounces of fluid escaped from the ventricles and rachidian canal. Every part of the cerebral substance appeared of natural color and consistence, and the absence throughout of any evidence of vascular congestion was rather remarkable.

CASE IX.—A lady, 43 years age, noted for her charity and acts of benevolence towards the poor, entered on the 16th of March, 1853. Her insanity was supposed to have been caused by change of life, in connection with a disappointment of the affections, which caused a severe shock to the nervous system. Her disease was manifested by delusions respecting her spiritual condition, that she was a lost sinner, that she had sacrificed to Moloch, &c. She attempted to commit suicide by cutting her throat with a razor, losing a large quantity of blood, by which she was much reduced in strength. But little nourishment was taken, and she slept badly, which, together with the distressing character of her delusions, and the loss of blood, tended strongly to the exhaustion of her physical energies.



On admission, her pulse was 120, tongue dry, pupils contracted, head hot, bowels confined. Imagined that she had been struck on the head; bit her tongue and grated her teeth. During the following week, was in a state of great agitation and distress, scarcely sleeping day or night, accusing herself of heinous offences against morality, saying that she had sacrificed to Moloch, "the filthiest of the heathen gods," crying out incessantly, "Lost, lost, lost!" and requiring, at times, two or three attendants to keep her in bed.

April 11th. Pulse was reduced to 68, tongue clean and moist. Was less excited, but retained her delusions. Had complained of abdominal pains, and passed bloody stools. Had a habit occasionally of biting at everything within her reach, and grating her teeth; the latter movement appearing to be involuntary. The right eyelid was drooping. May 16th. Talked less about her moral turpitude, but entertained delusions respecting her physical structure; thought she had no stomach or natural secretions; manifested suicidal propensities. Her appetite was poor, and she emaciated.

July 18th. Refused food obstinately; took it, indeed, only by absolute compulsion, either by the mouth, or had it administered by the rectum in the form of enemata. Thought that she had no bowels; that she had voided them; and that they were contained in her dress separate from the rest of her physical organization. At this time her emaciation was extreme. During the following month her food was administered by means of the œsophagus tube, until she preferred to take it voluntarily, after which her physical condition improved rapidly. She gained strength and walked or rode out daily. In the next three months she improved both mentally and physically, though retaining most of her delusions. Occupied herself with reading and relating amusing anecdotes to her fellow patients.

March 1st, 1854. Had continued to improve physically, and had grown quite fat, but had ceased to improve mentally. Her mind constantly dwelt on her delusions respecting her stomach and bowels, her secretions, &c. After this she continued without material change until the commencement of summer, when she was removed by her friends. She terminated her existence soon after returning home, by cutting her throat with a razor.

This patient, during her residence in the institution, constantly charged herself with having lived during a period of seventeen years in criminal intimacy with a man to whom she was strongly attached, and with whose wife she was on the most friendly terms. She related all the circumstances and occasions of this imaginary adulterous intercourse with the utmost minuteness, and every part of the story was so consistent as to make it difficult to believe that her statements were not really true; yet I am convinced, on reviewing the whole case, and taking into consideration the general character of her mental disorder, that this self-accusation was only a part of her insanity, and that her entire belief in the reality of her offence was only the result of disease.

CASE X.—A gentleman, 50 years of age, entered the Asylum on the 9th of March, 1855. The family was predisposed to mental disorders, his grandfather and a sister having been insane. He had an attack of insanity twelve years ago, from which he soon recovered. He has for years past been charged with important business arrangements, as financial partner of an extensive mercantile house, under the weight of which his mind has gradually given way, until he has become entirely insane. His insanity is doubtless owing to this cause, and was preceded by one or more attacks of cerebral congestion, in which he fell to the ground, deprived of sense and motion. It is characterised by fears of injury, and suspicious of his nearest friends; by mental depression and despondency, and by the delusion that he was a defaulter to his firm, in a very large sum. The emotional disorders appeared for several months before delusions made their appearance; the latter have only been manifested within the last fortnight.

On admission, the pulse was 90. The tongue white and smooth, presenting a velvety appearance, and tremulous. There was no heat of scalp, but he complained of a heavy pain in the head, and said his sensations were produced by drugs, administered by secret enemies. Two days afterwards he was tortured by the most painful delusions. He had strong belief that his wife had been executed,

that poison had been given to him by his enemies, and that the attendants and patients were spies, set to watch all his movements. Appetite poor; bowels confined. A few days later he conversed on the subject of his fears and apprehensions, and endeavored to persuade himself of their morbid character. He was, however, unable to come to any conclusion respecting them, and remarked that he was so bewildered, in consequence of the drugs that had been given him, that he could scarcely recollect anything. Before the end of the month he was more cheerful, enjoyed society, and made himself very agreeable to those about him, but still retained his delusions. He now began to complain of numbness of the fingers of the left hand.

April 5th. Is more depressed; sleeps badly; wants to die, and begs to be killed. Numbness of the fingers continues. Cupping to the neck to the extent of eight ounces, was followed by considerable relief to all his symptoms.

May 7th. Has been rather more cheerful during the last month. To-day is not so well; is silent and reserved; looks depressed. Has numerous delusions; thinks that people come into his room at night, and cut off his hair while he is asleep, and that his baths make his legs grow shorter. Refuses to undress himself at night, because some body comes and takes away his clothes.

Soon after this he was discharged at the request of his friends, and died a few months after leaving the institution.

CASE XI.—A lady, aged 46, entered the Asylum, April 11th, 1854. Ten years ago, had an attack of what was called inflammation of the brain, and since then has passed through a succession of severe domestic afflictions, occasioned by the illness and death of near relatives; after which she showed signs of mental depression, was indifferent to the concerns of her family, and complained of pain in the top of her head. At the same time her appetite was good, she took freely of rich food, and also used stimulants; lay in bed a great part of the time, and her bowels were confined. She was aware of the disorder of her health, and imagined that it was owing to “inspira-

tion," and that she was under the influence of persons who "inspired her." Her memory was much impaired, and she had hallucinations of hearing. Held imaginary conversations with the "inspirators," who directed all her movements, and told her that she must live on stimulants, &c., and that she would have to be "revenged" if she did not follow their directions.

During several months following her admission she manifested the same delusions and hallucinations. Her nutritive functions were disordered. Her appetite was poor, her pulse frequent and weak, and there was considerable emaciation. She lost the power of retaining her evacuations, which she thought was owing to the "inspirators" operating on her. The following spring, her physical condition was better; she had regained the control of her sphincters, but retained all of her delusions.

During the year 1856, her physical energies continued much depressed; her pulse was frequent and weak, her extremities livid, and inclined to be cold. The same delusions continued, and others were added. She thought that she was starved and murdered, that her neck was broken, and that she was tortured by means of a machine thrust into her bowels. She had a peculiar manner of speaking in a sort of lisping accent, and frequently shortened her words by omitting one or more syllables. She called children "chil," and inspirators "spirs," &c. The same hallucinations were manifested. She was in constant communication with the "inspirators," whom she consulted on all occasions, and held frequent conversations with them in a whisper.

She passed the two following years in nearly the same state. Towards the end of 1858, her physical condition was much improved; she had an excellent appetite, had gained flesh, had a good color, and could control her evacuations perfectly. The delusions continued; she thought she was dying of the "garb," which the "spirs" had put upon her; that she was starved and murdered, &c. But these ideas did not seem to distress her in the least. She always looked cheerful, and her countenance was smiling. Had the same habit of coining words, of speaking with a lisping accent, and omit-

ting the final syllables of words. When she was requested to pronounce them, said she was unable to do so, but being urged, pronounced them apparently without an effort. Her tongue was tremulous, and she declared that she was unable to put it out between her teeth. There was no paralysis, but the muscles of her left fore-arm were wasted and perfectly contracted, and had been so since her admission. She began to entertain very exalted ideas of her family position, claiming to be related to royalty; said she was the sister of Queen Adelaide. She also fancied herself to be immensely wealthy, and her imagination seemed to revel in luxury and magnificence. She thought her income was fifty millions an hour, and offered immense sums of money, and diamonds, and jewels, to those whom she wished to attach to her. She has since continued to enjoy good physical health, and is now, at the commencement of 1861, still a patient in the institution, with her mental condition unchanged during the last two years.

CASE XII.—A lieutenant in the Navy, aged 46 years, entered the Asylum on the 30th of October, 1856. He had an attack of fever while on duty eighteen months ago on the coast of Africa, followed by insanity, from which he recovered in a few months. He did not, however, regain his former physical health, and insanity made its appearance a second time about a month since. When brought here he was in a state of high maniacal excitement, would submit to no restraint or control, and drove out to the institution with a flag flying from the carriage. After some persuasion he consented to remain here, but immediately after his friends had left him, wished to set off for Washington, in order to make arrangements for entering upon the duties of the Presidency, to which he was confident of being elected. Talked very earnestly about his departure, and appeared greatly disappointed when he found himself deprived of his liberty, and prevented from going. Said he was perfectly well, and that it was a great mistake to detain him instead of his brother, who was really the sick man. His mind was filled with insane projects for reforming the Navy, and for improving the population of the



country by the union of the different races. The pulse was frequent, tongue furred, skin dry, and head hot. No embarrassment of speech, nor any sign of paralysis, could be discovered, and his memory seemed good.

His excitement subsided in great measure after a few days spent in the institution, and he could converse rationally on general subjects. He retained his insane ideas, however, and was always on the eve of departure for Washington, to look after the Presidency. Five weeks after his admission, had an attack of cerebral congestion, after which he remained for seven hours silent and stupid; he appeared bewildered, complained of chilliness, and leaned to the right side in walking.

After the election of President, he abandoned his claims to the office, but was less rational than before. He was highly pleased with his accommodations in the institution, which he thought was a hotel, and wished to engage apartments in it for his wife and family. He was disposed to be very industrious, and kept himself busily employed in making a "fine garden" in the Asylum yard, by digging up the ground with a stick, and in various other occupations equally puerile, all of which he imagined was of the greatest importance. During this time his appetite was good, and he took a nutritious diet, yet he constantly lost flesh.

About the end of the year his insanity took a more extensive range. He talked about buying property very largely, formed plans for a voyage to Europe, with his family and a large suite of attendants, and entertained absurd matrimonial projects for members of his family. He became much emaciated, and had numerous boils on different parts of his body. By the middle of February, he began to be afflicted with diarrhea, accompanied with some abdominal pains, and œdema of the extremities. On the 22nd, he had a severe attack of convulsions, lasting for several hours. On the next day there was a difficulty of articulation, but the movements of the extremities were free. From this time he failed rapidly. There were, however, no paralytic symptoms, he spoke distinctly, and his last words showed that his mind continued to be occupied with plans for



reforming the Navy. Notwithstanding he took freely of the most nutritious liquid food, his emaciation became extreme, and he died on the 9th of March, about six months after the commencement of the attack. No autopsy.

CASE XIII.—A Swiss, aged 30 years, entered the Asylum as a patient on the 29th of April, 1859. He was regular in his habits, and industrious in the pursuit of his calling in life. About two years ago he abandoned the trade to which he had been brought up, and engaged in a business which required him to sacrifice his regular hours for eating, and deprived him of his accustomed amount of sleep. He has been insane during the last three months, imagining that he was doing a prosperous business, and was in excellent circumstances, when the truth was just the reverse. He became very irritable, slept but little, and indulged in visionary schemes for making money.

On his admission his general health appeared good. His appetite and digestion were unimpaired. The pulse was quicker than natural. He wished to be employed about something, and spent a considerable portion of his time in playing chess. He played rapidly, and generally managed his game well, but sometimes made mistakes, and was so absent occasionally as to take his own pieces. He considered himself in excellent health, thought he was never better, and had a happy and contented expression.

One month after his admission, his disease progressed rapidly, and the delusions of ambitious mania were fully manifested. He intended to build two railroad bridges across the Atlantic, one of which was to connect Havre with the American side, and run ten trains daily, of one hundred cars each. A part of his plan was to buy the Asylum and all the land belonging to it, and transport it to Switzerland, with its grounds and gardens just as they are here, and raise produce on the other side of the ocean, and bring it to market in Philadelphia. He was irritable, and sometimes struck the attendants. There were no signs of paralysis, but there was deficient muscular energy, and his lips and tongue were tremulous. His disease con-

tinued to progress. He imagined himself under the special guidance and protection of Providence, and said that his "Father" supplied all his wants. He became very filthy in his habits, destroyed his clothing, and was so excited and noisy as to require seclusion.

By the middle of June, he was no longer able to amuse himself with chess. He had become more calm, and appeared contented, and pleased with himself and everything about him.

During July and August he grew worse rapidly, had several attacks of sleeplessness, was noisy all night, destroying bedding, &c. He spent most of the day in the open air, in charge of an attendant, shouting and singing. Towards the last of August, had lost the consciousness of his own identity. When addressed by name, was in the habit of saying, "I am not George, I am a Senorita;" or, "I am a lady!" On the first of September he saw his wife, but did not show the least sign of recognition, and seemed to have forgotten every occurrence of his past life. Did not know his own name, and said he did not like to be called George. At the end of the month, he was generally quiet, and free from excitement. There was no paralysis of the sphincters, and he was for the most part cleanly.

At the commencement of winter, he was highly excited; slept but little, and refused nourishment; was filthy, pulled at his genitals, and stuffed the corner of the sheet in his mouth mechanically. Pulse weak, tongue dry and brown. There were muscular jerkings of the extremities, and spasmodic movements of the muscles of the face. He was oppressed with a disposition to drowsiness, but always awoke with a start as soon as he fell asleep. Was partially conscious, and manifested displeasure on being called by his name. The muscular jerking and agitation increased, and he appeared to be frightened at every one who approached him. He continued to sink, and died on the 4th of September. No autopsy.

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*Statistics of the Establishments for the Insane in France, from 1842 to 1853 inclusive.* By M. LEGOYR. Translated by J. W. BARSTOW, M. D., Resident Physician, Sanford Hall, L. I.

[Concluded from vol. xvi, page 461.]

THE following table shows, for each sex separately, and for each of the twelve years above indicated—

1. The whole number of discharges (recovered or otherwise.)
2. The proportion of each sex discharged.
3. The per centage of discharges in every 100 patients under treatment.

YEARS.	Whole No. Discharged.			Percentage of each sex disch'd.		Percentage of discharges to whole No. under treatment.
	Male.	Female.	Both Sexes.	M.	F.	
1842, .....	2,129	1,790	3,919	54.32	45.68	17.84
1843, .....	2,131	1,957	4,088	52.12	47.88	18.09
1844, .....	2,493	2,030	4,523	55.12	44.88	19.09
1845, .....	2,841	2,090	4,931	52.19	47.81	17.76
1846, .....	2,154	1,957	4,111	52.39	47.61	16.07
1847, .....	2,256	1,992	4,248	53.10	46.90	15.90
1848, .....	2,383	1,938	4,321	55.15	44.85	16.06
1849, .....	2,203	1,852	4,055	54.33	45.67	14.60
1850, .....	2,401	2,001	4,402	54.54	45.46	15.51
1851, .....	2,300	2,219	4,519	50.90	49.10	15.09
1852, .....	2,824	2,618	5,442	51.89	48.11	16.88
1853, .....	2,687	2,185	4,872	55.15	44.85	14.82
(Average results for periods of four years.)						
1842 to 1845, .....	2,258	1,967	4,225	53.44	46.56	18.20
1846 to 1849, .....	2,249	1,934	4,183	53.76	46.24	15.65
1850 to 1853, .....	2,553	2,255	4,808	53.10	46.90	15.59
Total Averages, .....	2,353	2,053	4,406	53.40	46.60	16.36

From this table we see that from 1842 to 1853, the annual proportion of discharges has (with slight variations) gradually dimin-

ished. Thus, from 1842 to 1845, the average was 18.20 per cent. of the whole number of patients under treatment; from 1846 to 1849, the average fell to 15.65 per cent., and again to 15.59 per cent. for the four years following.

We regret that the documents do not furnish the means of determining exactly whether this reported diminution belongs to the patients discharged before or after recovery. Still, we do not hesitate to admit the former hypothesis, and conclude that many were discharged before their complete recovery would warrant. For, on the one hand, it is not easy to believe, especially when we take into account the new therapeutic resources, and the increased comforts, which belong to nearly all modern asylums—that the treatment of the insane is less effective than formerly; and, on the other hand, it is probable that families, appreciating more fully from day to day the great advantages of these institutions, are more and more disposed to maintain their friends in Asylums, even after they may be acknowledged as incurable cases.

The table above also shows a very interesting fact, in the relative proportion of discharges from asylums of each sex. For males this proportion has been in the average for twelve years (1842–1853), 17.71 per cent. of all under treatment; while for females the percentage has been only 15.05. This predominance of the male sex is maintained from year to year without exception. We shall presently see that it is true also in regard to recoveries; at least for the year 1853.

The annual proportion of discharges presents, from one year to another, some marked variations. For 1844, the year in which it reached its maximum, we observe that the proportion of discharges, for both sexes, is set down at 19.09 per cent., while in 1849, the year of the cholera epidemic, it was only 14.60 per cent.

The mean average for twelve years (1842–1853) was 16 per cent.

#### RECOVERIES IN 1853.

Of 4,872 patients discharged from French Asylums, both public and private, 2,771, or 57 per cent., are reported as discharged after

recovery, and 2,101, or 43 per cent., as discharged before recovery. But if we compare the number of recoveries reported with that of all the patients under treatment, (including idiots and eretins, and all incurables) we find the proportion to be 8.43 per cent.\*

A close study, however, of the results obtained in each asylum, will show that this proportion varies very perceptibly. Thus, in one establishment, nearly one-third of all patients treated during the year are set down as cures; while in another, 3 or 4 per cent. only of recoveries is claimed as the result of treatment. So great a difference as this is due, doubtless, to accidental circumstances, the effect of which would disappear were we able to combine the results of several years in succession. It may also be explained by the diversity of curative measures, or the inequality of hygienic conditions, with which patients may be surrounded, and especially by the longer or shorter period of treatment after which each physician may pronounce that the condition of a patient will warrant his discharge. This may be done on the part of the physician as a result of enlightened experience and observation, or in view sometimes of the material interests of the institution of which he has the charge. We may suppose, for example, that in public asylums, where the number of beds is found inadequate to the wants of the service, and where the maintenance of a very large number of patients is at the public expense, the discharge of patients is more easily authorized, at the first well marked symptoms of returning health, than in private asylums, where such maintenance is a source of income to the establishment.

We may mention also, among the circumstances which increase or diminish the number of recoveries, the admission to the asylums of a greater or less number of incurables. Thus, it is not unreasonable that certain establishments to which the asylums of Bicêtre and la Salpêtrière transfer, each year, their chronic cases, should present, other things being equal, results less favorable than the two institutions thus annually relieved.

If our limits would allow, it might be interesting to follow the re-

\* If the idiots and eretins be excepted from the above estimate, the percentage of recoveries is raised to 9.18 per cent.

sults of treatment in detail, through each of the sixty-one asylums of France ; but failing this, we indicate in the tables below, the ten establishments which report the largest proportion of recoveries for the year 1853.

NAME OF DEPARTMENT.	NAME AND CHARACTER OF ASYLUM.	No. of patients.	No. of recoveries.	Proportion of recoveries in 1000 cases.
No. 1. La Charente,.....	Hospice d'Angoulême, .....	56	15	300
2. Les Basses Pyrénées.	Dép. Asylum de Pau, .....	314	49	159
3. L'Eure, .....	Hospice d'Evreux,.....	72	11	153
4. L'Aude, .....	Private Asylum de Limoux, ..	219	33	151
5. Le Cher, .....	Dép. Asy. de Bourges,.....	141	20	143
6. Le Doubs, .....	" " de Besançon,.....	141	20	142
7. Le Tarn et Garonne,	Hospice de Montauban,.....	126	17	135
8. La Seine,.....	" de Bicêtre et Salpêtrière.	5,234	670	128
9. La Vienne, .....	" de Poitiers,.....	209	25	120
10. Les Deux Sèvres,...	" de Niort,.....	210	24	114

Among the 2,771 cases discharged as recovered in 1853, there were—

Males, 1,514 ; or 9 per cent. of all under treatment.

Females, 1,257 ; " 7 " " " " "

The proportion of males thus discharged exceeds that of the females by one-sixteenth. This excess has been noticed by nearly all directors of asylums, and the explanations offered have been various. By some it is regarded as due to a humane sentiment, which induces the physicians of these establishments to shorten as much as possible the period of confinement for the men, whose labor is oftentimes indispensable to the maintenance of their families ; and, on the other hand, to detain the females, giving them the protection of the asylum as long as possible, in view of their greater helplessness, and of the dangers to which many would be exposed on their return to society. But ought we not rather to attribute this difference to the greater or less severity of the disease itself, depending upon the difference in causes which induce insanity in the two sexes ? Thus, for a single example, the derangement produced by excessive use of



alcoholic drinks, so frequent among men, offers, as we know, numerous chances for recovery; and it is even frequently observed that the mere withdrawal of the cause, in separating the victim from temptation, is of itself sufficient to secure the recovery of the patient. Other instances might be mentioned also, which would assist in establishing this view, but they will readily occur to the professional reader.

#### RECOVERIES ACCORDING TO THE DURATION OF TREATMENT.

The fact, so well known to specialists, that the probabilities of recovery from attacks of mental disease are almost directly in proportion to the promptness with which the cases are placed under treatment, receives new confirmation from the following table.

Of the 2,771 cases of recovery in French Asylums during the year 1853, there were recovered under treatment of—

Less than 1 month,	265	or	10.55 per cent.
1 month to 2 months,	325	"	12.94 "
2 " 3 "	313	"	12.47 "
3 " 4 "	258	"	10.27 "
4 " 6 "	356	"	14.18 "
6 " 9 "	289	"	11.52 "
9 " 12 "	206	"	8.20 "
1 year to 2 years,	263	"	10.47 "
2 " 5 "	152	"	6.06 "
More than 5 "	84	"	3.34 "
Length of time unknown,	260	"	
Total of recoveries,	2,771		100

To make the above still plainer, by condensing the statements of the table, we have in brief:—

Of every 100 cases of recovery—

36	or	1-3 recovered during the first 3 months of treatment.
25	"	1-4 " in 3 to 6 " "
11	"	1-10 " " 6 " 9 " "
8	"	1-12 " " 9 " 12 " "

Thus 80 per cent. of recoveries occurred during the first year, and only 20 per cent. during subsequent years.

For the Asylums of Bicêtre and Salpêtrière these proportions are somewhat larger, for the reason already stated, that these establishments annually transfer their chronic cases to other asylums. Of

458 recoveries reported in Bicêtre and Salpêtrière, there occurred—

During first 3 months of treatment—	266 or 58 per cent.
3 to 6 “	81 or 18 “
6 to 9 “	38 or 8 “
9 to 12 “	22 or 5 “

This for the first year, is 89 per cent. of all the recoveries reported, leaving only 11 per cent. as the result of treatment for succeeding years.

The lesson plainly taught by the above tables is one affecting the best interests of families and of society; viz., *the prompt removal of patients from home upon the first manifestations of disease.* It is evident that the chances of recovery diminish in proportion to the time lost in placing them under proper treatment. To this rule there are few exceptions.

The proportions and the percentage of recoveries according to sex do not vary essentially from those already noted in the preceding table, as will appear from the following:—

DURATION OF TREATMENT.	RECOVERIES IN 1853.		PERCENTAGE OF RECOVERIES.	
	Males.	Females.	Males.	Females.
Less than 3 months,	507	396	37.24	34.44
3 to 6 “	342	272	25.11	23.64
6 to 9 “	135	154	9.98	13.39
9 to 12 “	97	109	7.12	9.48
1 to 2 years,	147	116	10.80	10.09
2 to 5 “	85	67	6.23	5.83
More than 5 “	48	36	3.52	3.13
Time unknown,	153	107	....	....
Totals,	1,514	1,257	100.00	100.00

We observe that for the first six months of asylum treatment the recoveries of males exceed those of females. For the next six months, on the contrary, the proportion is greater for females than for males. The average duration of treatment terminating in recovery has been ascertained to be—

For Males..... 9 months, 25 days.  
 “ Females, ..... 9 months, 18 days.

## RECOVERIES DURING THE VARIOUS MONTHS OF THE YEAR.\*

If we reduce the whole number of recoveries for 1853 to 1000 cases, and reckon for each month exactly thirty-one days, we find that the recoveries will be distributed over the year as follows :—

MONTHS.	Males.	Females.	Both Sexes.
January, .....	73	69	71
February, .....	67	68	68
March, .....	70	66	68
April, .....	80	83	82
May, .....	84	77	81
June, .....	89	90	90
July, .....	88	103	95
August, .....	79	85	82
September, .....	99	108	103
October, .....	98	91	95
November, .....	86	85	85
December, .....	85	75	80
Totals, .....	1,000	1,000	1,000

The figures of the above table show, that for each sex the maximum of recoveries in 1853 occurred in the month of September, while the minimum is set down for January, February and March. This was the result for the whole Empire; but if we take the statistics of separate departments of France for 1853, we find the maximum recoveries varying somewhat. For example, the greatest number of recoveries in 1853, for the—

Department de la Seine, ..... occurred in July.  
 " du Rhône, ..... " " October.  
 " du Nord, ..... " " November.

These differences, however, may be accidental, or they may depend upon the limited number of observations relative to each department.

If we divide the year into its four climatic seasons, in order that we may better estimate the influence of temperature upon recovery, we find the results for the whole of France, as follows :—

\* We must of course regard the month of the *discharge* as that also of the *recovery*.

SEASONS.	Males.	Females.	Both Sexes.
Winter, (December, January, February),....	225	212	219
Spring, (March, April, May,) .....	236	226	231
Summer, (June, July, August,.....	256	278	267
Autumn, (September, October, November, ....	283	284	283
Totals,.....	1,000	1,000	1,000

This table confirms the general experience, that the greatest number of recoveries occurs in the autumn. A second maximum also belongs to the summer season.

For these two seasons, autumn and summer, the relative proportion of recoveries in every 1000 cases is 550; while the other half of the year, winter and spring, comprising the six most inclement and unwholesome months, shows a proportion only of 450. The winter, which, by reason of its severity and changeableness, seems to aggravate all the symptoms of constitutional disease, makes no exception in the ease of the nervous system, and we are not surprised to find that fewest lunatics recover in winter. Between autumn and winter, the difference in favor of the former season is 35 per cent.

These several facts, which, as the report says, "can hardly rise to the dignity of scientific observations until they shall be verified by subsequent experience and by the comparisons of many years," are yet extremely curious and interesting.

#### INFLUENCE OF AGE UPON RECOVERY.

Of the entire number of recoveries in French asylums for 1853, viz., 2,771, 221 must be excepted, whose ages could not be determined. Our statistics must therefore be based upon the remaining 2,550 cases, which may be classified according to age, as follows:—

AGE AT TIME OF RECOVERY.	NO. OF CASES RECOVERED.			Proport'n per 1,000 both sex.
	Males.	Females.	Both.	
Under 14 years,.....	15	12	27	11
14 to 20 ".....	93	65	158	62
20 to 25 ".....	161	144	305	120
25 to 30 ".....	197	131	328	129
30 to 35 ".....	214	168	382	150
35 to 40 ".....	211	149	360	141
40 to 50 ".....	269	260	529	207
50 to 60 ".....	165	154	319	125
60 and upwards, .....	58	84	142	55
Totals,.....	1,383	1,167	2,550	1,000

From this we may infer that the chances of recovery increase with age up to the period of thirty-five years, at which time they attain their maximum, and diminish rapidly with subsequent years. In general terms this is doubtless true. Thus, of 100 patients recovered in 1853, there were of an age—

Under 20 years,	7 recoveries, or	1-14
20 to 30 “	25 “	1-4
30 to 40 “	29 “	1-3
40 to 50 “	21 “	1-5
Upwards of 50 “	18 “	1-6

But it must not be forgotten that is the observation only of a single year, and that other facts must be known before we could safely commit ourselves to the calculation of chances for recovery of lunatic patients. Of these necessary data, one of the principal would be—*an exact record of the number of patients under treatment at each age*. This knowledge we do not possess. There can, however, be no doubt, that during the prime of life the chances of recovery from mental derangement are most numerous, and that these chances diminish rapidly as patients advance in age; especially as they approach the period when the mental powers naturally become enfeebled.

The average age\* at which recoveries took place in 1853, is found to be as follows:—

For males, .....	36 years and 5 months,
“ females, .....	38 “
Both sexes, .....	37 “ “ 2 “

#### INFLUENCE OF DOMESTIC RELATIONS UPON RECOVERY.

Of the 2,771 patients reported as recovered in France in 1853, there were—

\* This average is obtained by taking the mean age between two periods, e. g., regarding all patients between the age of 16 and 24 as 20 years old, all between the ages of 30 and 40, as 35 years old, &c., and finally the ages thus averaged have been added together, and the sum divided by the whole number of recoveries.

CONDITION.	Males.	Females.	Both Sexes.
Single,.....	655	427	1,082
Married,.....	418	362	780
Widows or Widowers,.....	54	109	163
Unknown,.....	387	359	746
Totals,.....	1,514	1,257	2,771

Omitting those whose domestic relations are unknown, the per centage of the above classes is as follows :—

CONDITION.	Males.	Females.	Both Sexes.
Single, .....	58.12	47.55	53.43
Married,.....	37.09	40.31	38.52
Widows or Widowers,.....	4.79	12.14	8.05
Totals.....	100.00	100.00	100.00

Here again, as before, (in respect of age) we must be cautious in drawing inferences from the observations of a single year ; but, taking the above table as a basis, we shall be justified in the conclusion that, in the estate of marriage, the chances for recovery are greater than either in celibacy or widowhood ; and that of the two latter conditions, the chances are somewhat more in favor of those widowed than of single persons. Or, referring to the table above, in the year 1853, the recoveries of single persons were less than the recoveries of married patients, by 35 per cent. This very great difference, however, is easily explained, if we remember that the class reported as single naturally includes all those whose insanity is dependent upon certain congenital or organic conditions which prevent the free development of intelligence, and which at the same time preclude marriage ; as, for instance, idiots, cretins, &c. Among such cases as these, of course we expect to see no recoveries reported.

#### INFLUENCE OF PROFESSION AND OCCUPATION UPON RECOVERY.

The 2,771 patients reported as recovered in 1853, may be classified according to their vocations as follows :—



PROFESSIONS.	NO. OF RECOVERIES.			Prop. in 1,000 omitting those whose vocat'n is unknown.
	Males.	Females.	Both Sexes.	
Liberal Professions,.....	193	98	291	122
Soldiers and Sailors,.....	84		84	35
Commercial pursuits,.....	79	48	127	53
Mechanical ".....	659	354	1,013	423
Laborers and servants,.....	171	241	412	172
Miscellaneous, and having no occupation,...	153	315	468	195
Unknown, .....	175	201	376	
Totals, .....	1,514	1,257	2,771	1,000

If we compare this table with the corresponding one, of admissions to French Asylums, (*vide* number of this journal for April, 1860, p. 450,) we find that the recoveries are proportionably more numerous among the soldiers and sailors than in any other class. This result is made still more apparent in the following table, which indicates for each class, and for each sex, the proportional number of recoveries in every 1000 cases under treatment :—

PROFESSIONS.	Males.	Females.	Both sex.
Liberal professions, .....	98	91	96
Soldiers and Sailors, .....	117		117
Commercial pursuits,.....	111	112	112
Mechanical ".....	103	86	96
Laborers and Servants,.....	95	94	95
Miscellaneous, and with no occupation, .....	60	60	60

Thus, while the general average of recoveries in 1853 was 84 in 1000 of all cases treated, this proportion rose in the case of soldiers and sailors to 117 in 1000. The explanation is found in the double fact, that—1st, this class belongs necessarily to that age of life when the probabilities of recovery are greatest; and, 2nd, being in the Government service, they are sent without delay to the Asylums, upon the first symptom of disease.\*

Next to the special class of soldiers and sailors, the class engaged

\* For this class, at least, we see the advantages of early treatment thus ensured by Government interference.

in mercantile pursuits, presents the largest number of recoveries. After these are found the mechanics, next the liberal professions, and, finally, laborers and servants—the last two classes furnishing an average nearly the same.

The minimum of recoveries is found among the class designated as miscellaneous, which is made to include all whose occupation can not well be defined,—all mendicants, prisoners, vagabonds, &c.

#### RECOVERIES IN 1853, CLASSIFIED ACCORDING TO NATIVITY.

Of 2,771 patients discharged from the French Asylums as recovered in 1853, the origin was as follows :—

Born in the different Departments in France, .....	2,036
Foreigners, .....	43
Origin unknown, .....	692
Total, .....	2,771

Deducting 692 whose origin is unknown, the proportions for 1000 patients are—

Born in France, .....	979
Foreigners, .....	21
Total, .....	1,000

This proportion of foreigners to natives differs somewhat from that given in the table of "*admissions in 1853*," as stated in our previous article.\* The proportion of foreigners admitted was 23 in 1000. The recoveries were, therefore, somewhat less numerous among patients of foreign birth than among natives.

The ten departments which show the greatest number of recoveries among patients of native origin, are as follows, given in decreasing order of the number of recoveries reported, from 102 to 51 :—

1. Bouches-du-Rhône : 2. Isère : 3. Rhône : 4. Finistère : 5. Seine-Inférieure : 6. Nord : 7. Maine-et-Loire : 8. Calvados : 9. Ille-et-Vilaine : 10. Loire-Inférieure.

#### MORTALITY IN FRENCH ASYLUMS FROM 1842 TO 1853.

During the period of twelve years, from 1842 to 1853, the whole number of deaths reported, was 32,099 ; of which 17,390 were males,

\* JOURNAL OF INSANITY, April, 1860, p. 460.

and 14,709 were females. The annual average of deaths, for both sexes, was 2,675, and the percentage for each sex, of males 54.18, and of females 45.82.

The full details of the tabular statement we have not space to give, but a brief abstract of the statistics will be found of much interest.

The annual mortality in the French Asylums both public and private, during the twelve years specified, was in the proportion of 13.75 to 1000, or 1 to  $7\frac{1}{4}$ ; while for the whole population of France is reckoned, for the same period, only 1 death to 41 inhabitants. The relative mortality among the insane, was therefore *six times greater* than that of the population at large.

This frightful difference may be explained by specifying some of the depressing causes which operate unfavorably upon the inmates of insane establishments, aside from the immediate influence of the mental disease. 1st., the physical and emotional shock which in many cases attends the removal of these unfortunates from their homes; 2nd, the fact of finding themselves deprived of their liberty; 3rd, the want of suitable exercise; 4th, the respiration of foul air, proceeding, it may be, from accumulation, or want of ventilation, or possibly from the persons of filthy patients or paralytics, whose breath, perspiration and excretions it is well known are extremely fetid.

The dangers and the discomforts attending a residence in an insane asylum, have a much less fatal effect upon females than upon males. Thus, the smallest proportion of male deaths, reported during the twelve years above mentioned, was 1 in  $6\frac{1}{2}$ ; while among the females the proportion was 1 in  $8\frac{1}{3}$ .

This is equal to a difference of 39 per cent. in favor of the female sex; or, in other words, 139 men died to every 100 women. How is this diversity to be explained? May it not be that woman, whose occupations are essentially sedentary, and whose habits more quiet, can accommodate herself better than man to the uniform system and routine of the asylum? This supposition not only seems plausible, but we may say it is to a certain extent justified by the small number of women who die during the first months of their admission.

Since 1842, notwithstanding the immense improvements which have been made in the care and treatment of insane patients, the mortality among this unfortunate class has not apparently diminished. Yet on comparing the first four years of the period from 1842 to 1853, with the last four years of the same period, we find a slight and encouraging diminution. Thus, from 1842 to 1845, the average of deaths in asylums was 1 in 7.44; and from 1850 to 1853, the average was 1 in 7.61.

The fact most interesting to biologists in this connection, is the decrease among all classes of the population at large, of the number of deaths, since the years of exceptional mortality. The same is true of the inmates of insane asylums.

In 1849, in consequence of the cholera epidemic, the mortality was 1 in 5.52; in 1850 it diminished to 1 in 8.32; which is 13 per cent. less than the average mortality for the twelve years 1842-1853. In 1847, (a year of great scarcity) the proportion of deaths was 1 in 6.68; in 1848, it was only 1 in 8.44; this is the smallest average reported since 1842.

#### COMPARISON OF PUBLIC AND PRIVATE ASYLUMS IN RESPECT OF MORTALITY.

Are the chances of mortality the same in public as in private asylums? The following table will answer the question. The distinction of sex is disregarded in this estimate:—

YEARS.	ANNUAL MORTALITY.							
	In Asylums belonging to the State, to Departments or to Communes.				In Charity and Almshouse Asylums.		In Private Establishments.	
1844,	11.43	per ct. or 1 in	8.75	14.07	per ct. or 1 in	7.11	12.70	per ct. or 1 in 7.88
1845,	12.34	" "	8.10	13.39	" "	7.47	12.11	" " 8.26
1846,	12.69	" "	7.88	13.99	" "	7.15	13.00	" " 7.69
1847,	16.09	" "	6.21	14.63	" "	6.83	13.50	" " 7.41
1848,	11.89	" "	8.41	13.63	" "	7.34	9.10	" " 10.98
1849,	15.41	" "	6.49	24.95	" "	4.00	13.13	" " 7.61
1850,	10.74	" "	9.30	14.08	" "	7.10	11.54	" " 8.66
1851,	12.44	" "	8.04	15.10	" "	6.62	12.78	" " 7.82
1852,	11.19	" "	8.94	15.35	" "	6.51	13.24	" " 7.56

We see by these results that, during each of the nine years from 1844 to 1852, with the exception of the year 1847, the degree of mortality in charity-asylums greatly exceeded that in Government or in private establishments; and that five times in the nine years, the degree of mortality in private asylums has been greater than in those belonging to Government. Yet if we take the average for the nine years, we find—

In the Departmental asylums—	1 death in 7.90 or 12 $\frac{5}{8}$ per cent.
“ Charity “	1 “ 6.45 “ 15 $\frac{1}{2}$ “
“ Private “	1 “ 8.10 “ 12 $\frac{3}{8}$ “

The average mortality in the charity-asylums, therefore, shows an excess of 25 per cent. over the private establishments, and of 22 per cent. over those of the Departments. In 1849, by reason of the cholera epidemic, the mortality in charity-asylums reached the frightful proportion of 1 in 4; while in the Departmental asylums it only increased to 1 in 6.5, and in private establishments to 1 in 7.6.

During the three years 1844–1846, the average proportion of deaths rose to 1 in 8 $\frac{1}{4}$  in the Departmental asylums; again, from 1850 to 1852, in the same establishments, the average reached only 1 in 8 $\frac{3}{4}$ , which is a diminution of 6 per cent. For the private asylums also, during the period 1844–1846, we observe only 1 death in 7.9, and in that of 1850–1852, 1 death in 8. In the charity-asylums, on the contrary, we find an increase. From 1844 to 1846, we have the proportion of deaths 1 in 7 $\frac{1}{4}$ , and in the three years 1850–1852, 1 death in 6 $\frac{3}{4}$ .

These facts compel us to the inference that the alms-house establishments (*quartiers d'hospice*) of France have had but a small share in those humane schemes of progress, which have for their aim the improvement of the condition and treatment of the insane. It is undeniable that these asylums are generally constructed upon an old-fashioned plan, located in towns where the grounds are often contracted and badly arranged, and where any hope of radical improvement is out of the question.

#### ANNUAL MORTALITY IN THE PRINCIPAL ASYLUMS OF FRANCE.

In taking a general view of the results of treatment in all the French Asylums, public, private, and charitable, we can not fail to

be struck with the different degrees of mortality which are reported of each. But if we study each asylum by itself, these differences become even more apparent. Thus, while the annual mortality in some establishments is only 5 or 6 per cent., that of others is much higher. The Hospital de St. Lazare,\* for example, reports an annual mortality of 30 per cent.; or, in other words, death carries off every year nearly one-third of all the patients under treatment.

We insert here, at the risk of being tedious to the reader, a list of twenty French Asylums (omitting those whose number of patients does not exceed 100) in which the annual mortality was greatest during the period of nine years, 1844-1852.

NAMES OF ASYLUMS.	Deaths in 1,000 patients.
1. Private Establishment of Saint Lazare,† (Ain) - - - - -	302
2. Departmental Asylum de Bourges, (Cher) - - - - -	275
3. Hospice de † Bicêtre, (Seine) - - - - -	263
4. Departmental Asylum de Pau, (Basses-Pyrénées) - - - - -	252
5. " " des Carmes à Dole, (Jura) - - - - -	213
6. " " de Blois, (Loir-et-Cher) - - - - -	192
7. Hospice de Morlaix, (Finistère) - - - - -	183
8. Departmental Asylum de Limoges, (Hautebiennne) - - - - -	181
9. Private Establishment de Clermont, (Oise) - - - - -	180
10. Departmental Asylum de St. Robert, (Isère) - - - - -	179
11. Hospice de la Salpêtrière,‡ (Seine) - - - - -	177
12. Departmental Asylum d'Avignon, (Vaucluse) - - - - -	165
13. Hospice d'Aurillac, (Cantal) - - - - -	161
14. " de Tours, (Indre-et-Loire) - - - - -	160
15. " de l'Antiquaille à Lyon, (Rhône) - - - - -	158
16. Departmental Asylum d'Armentières,† (Nord) - - - - -	157
17. Hospice de Niort, (Deux-Sevres) - - - - -	149
18. " " Aix, (Bouches du Rhône) - - - - -	146
19. " " Mayenne, (Mayenne) - - - - -	144
20. Private Estab. de Ste. Marie à Clermont, (Puy-de-Dôme) - - -	144

† Asylum exclusively for males. ‡ Asylum exclusively for females.

We are not called upon to explain all the causes which operate to increase or diminish the number of deaths in these institutions, but we are safe in the assertion that the differences in mortality depend not only upon the material and economic appliances for treatment,

\* A private asylum in Bourg, Department of Ain.



but also in a large degree upon the class of population which furnishes their inmates.

In those establishments, for example, which are devoted exclusively to females, it is plain that the mortality—other things being equal—should be found less than in those devoted exclusively to males; the probabilities of death being, as we have already seen, greater among the latter. Another circumstance to be considered as a cause of difference in mortality, is the greater or less number of annual admissions. We know the fatality which attends cases in the early months of their confinement in asylums; and wherever the admissions are most numerous, and the patients most frequently changed by transfer or otherwise, (as in Bicêtre and Salpêtrière) we naturally expect to find the greatest mortality.

#### ACCIDENTAL DEATHS AND SUICIDES.

In 1853, there occurred in French insane asylums, both public and private, 16 accidental deaths, and 17 suicides. The latter number will not seem surprisingly large, when we remember that suicidal monomania is a very common manifestation of mental disease. Among the suicides, 10 were males, and 7 were females; and of the accidental deaths, 14 were men, and 2 were women. The men, therefore, form three-fourths of all who perished casually, or by their own act. Of the 17 suicides, 3 occurred in la Salpêtrière,\* two in the Departmental Asylum of Dijon, (Cote-d'Or,) and 1 only in each of 12 other establishments. Of the accidental deaths, 5, or about one-third, occurred in the single asylum d'Armentières (Nord.)

#### DURATION OF TREATMENT OF DECEASED LUNATICS.

The 3,480 patients who died in the public or private asylums of France during the year 1853, may be classified according to the length of time under treatment, as follows:—

\* During the 10 years 1840–1850, there occurred in this establishment only 10 suicides; while at Bicêtre 22 occurred during the same period.

DURATION OF TREAT- MENT.	NO. OF PATIENTS DECEASED.			Percentage of Deaths.
	Males.	Females.	Both Sexes.	
1 month and less,	198	144	342	10.85
1 to 2 months,	118	100	218	6.92
2 to 3 "	87	92	179	5.68
3 to 4 "	86	68	154	4.89
4 to 6 "	119	110	229	7.27
6 to 9 "	136	77	213	6.76
9 to 12 "	125	99	224	7.11
1 to 2 years,	244	217	461	14.63
2 to 5 "	283	232	515	16.34
More than 5 "	281	332	616	19.55
Unknown,	197	132	329	....
Totals,	1,877	1,603	3,480	100.00

The most striking fact derived from this table, is the large proportion of deaths occurring during the first month of admission. This reaches 108 in 1000, which is more than 1-10 of the whole mortality. Some other observers have already published similar facts as the results of their own investigations, attributing the great mortality during the early months of treatment, to the extreme debility of patients in some cases, on their admission to asylums, or to injudicious treatment received previously, or even to the fatigues of a long journey. But may we not with equal reason attribute it to the sudden change of diet and regimen, the emotional shock and chagrin which any individual (sane or insane) would necessarily experience upon suddenly finding himself immured in an asylum, snatched, perhaps forcibly, from his family and associations, without in some cases even a suspicion of his own malady?

In the Asylum of Vannes, (Dept. of Morbihan) during 1853, more than 4-10 of all the deaths were among patients who had been under treatment for a single month, or even less. In the Asylum of Tours, (Indre-et-Loire) the proportion was 34 per cent; Dijon, 21 per cent.; Pau, 20 per cent.; Bicêtre and Salpêtrière, 19 per cent.; and for the Asylums of Isère and la Seine-Inférieure, 18 per cent. for the same period. Taking the percentage of these deaths for each sex separately, we find how much more easily the confinement and

privation of the asylum is borne by women than by men. Thus, if we represent by 1000 the whole number of male deaths in 1853, 118 occurred during the first month of admission, and 70 during the second; while in 1000 deaths of females, only 98 occurred during the first month, and 68 during the second. In the third month this difference was reversed; in the fourth month the women regained the advantage, to lose it again in the fifth and sixth.

In short, for every 1000 deaths of either sex, we may reckon, in the first six months of their admission to asylums, 362 male deaths to 349 female; during the next six months, 155 male deaths to 120 female; which gives, for the first year of admission, a total of 517 deaths of males, against 469 of females. The average term of treatment of deceased patients, we discover to be—

For the male sex—2 years, 2 days.

“ female sex—2 years, 4 months and 5 days.

This is a difference of at least four months, in favor of the women.

#### DEATHS IN ASYLUMS IN THE VARIOUS MONTHS OF THE YEAR.

In the following table are given the number of deaths for each month of 1853; representing by 1000 the total number of deaths, and considering, as in previous tables, the months to be of equal length:—

MONTHS.	Males.	Females.	Both Sexes.
January, .....	78	77	78
February, .....	89	103	96
March, .....	111	104	108
April, .....	86	91	88
May, .....	87	84	85
June, .....	82	85	84
July, .....	64	73	68
August, .....	64	62	63
September, .....	79	60	70
October, .....	79	67	73
November, .....	85	78	82
December, .....	96	116	105
Totals, .....	1,000	1,000	1,000

The same results arranged according to the climatic seasons of the year, assist us in estimating the effect of temperature upon the life of lunatics :—

SEASONS.	Males.	Females.	Both Sexes.
Winter, (December, January, February,) - -	263	296	279
Spring, (March, April, May,) - - - - -	284	279	281
Summer, (June, July, August,) - - - - -	210	220	215
Autumn, (September, October, November,) - -	243	205	225
Totals, - - - - -	1,000	1,000	1,000

Here, as in the statistics for the population at large, the seasons of the greatest mortality are spring and winter. The maximum of deaths for the whole population of France, occurs in March, February, and April, and among the inmates of insane asylums, in March, December, and February.

575 per 1000 of the deaths of female patients, occurred during the six months which constitute the cold season, (winter and spring) while only 547 per 1000 of male deaths occurred during the same period. This shows that winter exercised a much more favorable influence upon the women than upon the men. This is of course to be expected. The same is true of the population at large, as well as of inmates of asylum. In fine, whatever atmospheric causes operate upon one class of society in the production of either health or disease, may be said equally to affect all; and the difference in this regard between the population of an asylum and that at large, is not material.

#### DEATHS ACCORDING TO AGE.

Of the total number of deaths in French asylums during 1853, the ages of 177 cannot be determined. The remaining 3,303 are thus divided, according to age at the time of decease :—

AGE.	NO. OF PATIENTS DECEASED.			Per cent. of both sex.
	Males.	Females.	Both.	
Under 14 years,.....	25	23	48	1.45
14 to 20 ".....	56	32	88	2.66
20 to 25 ".....	94	63	157	4.75
25 to 30 ".....	121	92	213	6.45
30 to 35 ".....	182	129	311	9.42
35 to 40 ".....	212	140	352	10.66
40 to 50 ".....	446	309	755	22.86
50 to 60 ".....	342	313	655	19.83
60 and upwards,.....	277	447	724	21.92
Totals,.....	1,755	1,548	3,303	100.00

In the absence of information as to the age of the patients under treatment in 1853, it is difficult to draw any inferences from this table in regard to the chances of death at each given age, and consequently to estimate the probable number of years which patients may be expected to live. Yet we see that large numbers reach an advanced age. Thus, of 1000 patients dying in 1853, only 153 were under 30 years of age; 201 between 30 and 40; 259 between 40 and 50; 198 between 50 and 60; and 219, or more than *one-sixth*, were upwards of 60 years of age. Among the female sex, in consequence of their greater vitality, the proportion of sexagenarians was still greater, being 29 per cent. Taken collectively, and without distinction of sex, the mortality of insane patients may be said to increase up to the age of 50, when it attains its maximum, decreasing afterwards with each successive year. For males, also, this maximum may be placed at 50 years; but for the female sex alone, it corresponds more nearly with 60.

#### SOCIAL CONDITION OF PATIENTS DYING IN 1853.

The inmates of asylums dying in 1853, may be classified according to their social state as follows:—

SOCIAL CONDITION.	Males.	Females.	Both Sexes.
Single,.....	701	617	1,318
Married,.....	534	388	922
Widows and Widowers, .....	113	266	379
Unknown,.....	529	332	861
Totals,.....	1,877	1,603	3,480

Rejecting from this total the 861 whose social state is unknown, the percentage of the rest to all the patients under treatment in 1853, is as follows :—

SOCIAL CONDITION.	Males. Per cent.	Females. Per cent.	Both Sexes. Per cent.
Single, .....	7.56	7.01	7.29
Married, .....	13.19	8.73	10.86
Widows and Widowers, .....	14.29	14.09	14.15

We are thus able to conclude, that of the three classes above specified, the smallest number of deaths is to be found among those who are unmarried. Next to those come the married, while the largest mortality belongs to the class of widows and widowers. Of this class, the deaths in 1853 were more than 14 per cent., or 1 in every 7 patients; of the married, the percentage of deaths in 1853 was only 7, or 1 patient in 14. It is not easy to explain satisfactorily this disproportion, but it partly explains itself by the generally advanced age of widows and widowers who are inmates of asylums.

In each category, the mortality among the females is less than among the males, but the difference is less marked among the widows and spinsters than among the married women.

#### VOCATIONS OF PATIENTS DYING IN 1853.

The vocations of deceased patients in 1853, may be classified as follows :—

PROFESSIONS.	Males.	Females.	Both sex.
Liberal professions, .....	198	76	274
Soldiers and Sailors, .....	82		82
Commercial pursuits, .....	104	45	149
Mechanical " .....	720	372	1,092
Laborers and Servants, .....	219	280	499
Miscellaneous, and with no occupation, .....	348	556	904
Unknown, .....	206	274	480
Totals, .....	1,877	1,603	3,480

Rejecting 480 patients from this estimate, whose vocation was unknown, we find the percentage of the rest, relatively to the whole number of patients treated in 1853, as follows :—



PROFESSIONS.	Males. Per cent.	Females. Per cent.	Both sex. Per cent.
Liberal Professions,.....	10.05	7.07	9.00
Soldiers and Sailors,.....	11.42		11.42
Commercial pursuits,.....	14.67	10.47	13.08
Mechanical ".....	11.22	8.99	10.34
Laborers and servants,.....	12.23	10.90	11.45
Miscellaneous, and having no occupation,.....	13.63	10.59	11.58

These numbers show that in 1853, the class designated as "commercial pursuits" furnished the largest percentage of deaths. The next largest percentage belongs to the class marked "miscellaneous," which includes all without visible means of support, vagrants, &c., and also those whose vocation is not susceptible of classification. After these come, in decreasing order, "laborers and servants," then "soldiers and sailors," then "mechanics," and, last of all, the "liberal professions," comprising all individuals belonging to the higher classes of society.

These observations apply equally to both sexes. We may, however, add, that among the females the working class is that which furnishes the greatest proportion of deaths; while for males, as also for the two sexes taken together, the working class occupies, in regard to mortality, the third rank. It will be seen, however, that in all occupations and professions, the mortality among males is notably greater than in the female sex.

#### ORIGIN OF PATIENTS DECEASED IN 1853.

Of 3,480 patients dying in French Asylums in 1853, the origin of 2,625 is reported as follows:—

Born in different Depts. of France,....	2,580 or 983 per 1000 patients.
Foreigners, .....	45 " 17 " " "
Total,.....	2,625 1,000

The proportion of these deaths to the whole number of patients under treatment is, among—

Patients of French origin,.....	1 death to 11 $\frac{2}{3}$
" " foreign ".....	1 " " 15 $\frac{2}{3}$

The proportion, therefore, of deaths among foreign patients, is

much less than among natives. Of the 45 foreigners dying in 1853, 32 were men and 13 women, and the relative proportion of these to the corresponding number of foreign patients under treatment is, of—

Males,.....	1 death to 13	1-6
Females,.....	1    "    "	22 1-6

The ten Departments which report the greatest mortality among native patients, are, in decreasing order, as follows: 1st, Bouches-du-Rhône; 2nd, Rhône; 3rd, Seine-Inférieure; 4th, Nord; 5th, Seine; 6th, Finistère; 7th, Oise; 8th, Deux-Sevres; 9th, Ain; 10th, Ille-et-Vilaine. The actual number of deaths in these ten Departments, varies in each from 93 to 59.

#### REPORTS OF AMERICAN ASYLUMS.

1. *Reports of the Trustees and Superintendent of the Maine Insane Hospital.* For year ending November 30, 1860.
2. *Twenty-eighth Annual Report of the Massachusetts State Lunatic Hospital at Worcester.* For year ending September 30, 1860.
3. *Report of the Board of Trustees of the Massachusetts General Hospital.* For the year 1860.
4. *Reports of the Trustees and Superintendent of the Butler Hospital for the Insane.* For the year 1860.
5. *Report of the Resident Physician of the New-York City Lunatic Asylum.* For the year 1860.
6. *Annual Reports of the Officers of the New Jersey State Lunatic Asylum.* For the year 1860.
7. *Report of the Pennsylvania Hospital for the Insane.* For the year 1860.
8. *Annual Report of the Trustees and Superintendent of the State Lunatic Hospital of Pennsylvania.* For the year 1860.
9. *Report of the Managers of the Western Pennsylvania Hospital.* For the year 1860.
10. *Seventh Biennial Report of the Illinois State Hospital for the Insane.* For two years ending November 30, 1860.

11. *Annual Report of the Officers of the Indiana Hospital for the Insane.* For year ending October 31, 1860.
12. *Twenty-second Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum.* For year ending October 31, 1860.
13. *Sixth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum.* For year ending October 31, 1860.
14. *Sixth Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum.* For year ending October 31, 1860.
15. *Annual Report of the Board of Trustees and Officers of the Longview Asylum.* For year ending October 31, 1860.

1. In the report of the Maine Hospital, we find gratifying evidence of the steady progress of that institution, in a liberal support and an enlarged usefulness. The question of reducing the price of maintenance, on account of the lessened cost of food and other supplies, and in view of a surplus in the treasury, has been decided in favor of the present price, \$2.50 per week, with the design of furnishing a more liberal dietary, increased furniture, and other improvements. The subject of forced ventilation is noticed by Dr. Harlow, and the introduction of a fan for this purpose is urged. Without this addition to their steam-heating apparatus, both warming and ventilation are found to be very imperfect.

A workshop, destroyed by fire within the year, has been rebuilt, and many improvements in the buildings and on the farm have been made. In view of the approaching time when further provision for the insane of the State will be demanded, two plans are suggested, as follows :—

“ The one is, that the State provide a new Hospital adapted to the care of female patients only, and thus have the two sexes cared for in separate institutions. The other method is, that the State provide a separate institution for such as are State paupers, or one wholly supported by the State, leaving the present institution for the accommodation of such as are supported by their own means or by their friends, or by the towns to which they belong, either in whole or in part. The reasons which might be offered for the latter method are

as follows: A large proportion of patients are foreigners, or non-residents, receiving their support wholly from the State. Most of these appear to have come from the lower walks of life, and from their habits and manners and constituted sympathies, are but ill suited for companionship with those who have been trained up on our own soil, amidst the refinements and cultivation of well ordered families, and of an intelligent and well regulated community. For several years past, nearly one-fourth of the patients in the Hospital have been of that class, and have been wholly supported by the State. Their present number is fifty-six, which is greater than the number of last year. \* \* \*

"Hence the inquiry becomes important as to what arrangements would be most suitable for the care of each class of the insane. Should it be deemed advisable to provide a separate Hospital for females, the classification required could be made by assigning to each class different apartments in the same building. And should the State, on the other hand, provide a separate Hospital for its non-resident poor, the necessary arrangements could be in a good measure effected for our own people within the walls of the present building."

136 patients were admitted during the year, 133 discharged, and 240 remained. Of those discharged, 63 were recovered, 22 improved, 17 unimproved, and 31 died.

We quote the following from the concluding pages of the report:—

"Having reviewed the general topics relating to the Hospital, we now, before concluding, offer a few thoughts on the "general subject of insanity," selecting as the particular theme, "*Inebriety considered as a Disease*."

"One who is careful to remark all the varied phases of insanity, cannot fail to observe a form of disease, marked by an uncontrollable desire or propensity to indulge in intoxicating liquors, or other stimulants which produce a similar effect. The malady to which we allude has been termed *Dipsomania*, and has been recognized by Esquirol, Morel, and other eminent writers on insanity. To this term there are some objections, as it does not, strictly speaking, convey a correct idea of the disease. It is not *thirst-mania* alone, but a mania for stimulants of all kinds, liquid or otherwise. More recently, the term *Oinomania* has been employed, as a denomination better adapted to designate this form of malady, and we adopt the same, as less objectionable than the former. We may then define *Oinomania* to be an irresistible impulse to indulge in the use of intoxicating substances. It differs quite materially from ordinary drunkenness, modernly styled *Alcoholism*, which arises from a voluntary use of alcoholic beverages, and should be carefully discrimi-

nated. While we recognize on the one hand a diseased cerebral condition, which usurps the will and compels one on to a most extravagant use of intoxicating drink, we must not on the other hand ignore the existence of ordinary intemperance in persons who possess a perfectly normal brain, but who choose to indulge their appetite to excess, because they think they have a right so to do. To conclude that there is no inebriety without disease, would be as erroneous as to deny that there is no disease which gives rise to inebriety. Both are true, and both alike result in intoxication. The question then arises, how shall we know the one from the other? We may be materially aided in a diagnosis by learning the psychological history of the family to which the individual belongs. When we see the offspring of an insane parent given to frequent habitual intoxication, we may strongly suspect the existence of an abnormal cerebral condition. A similar suspicion would arise, if we should find the son of an intemperate father manifesting an appetite for stimulants in early life—indeed, an early developed appetite of this kind in any person, would point in the same direction; but, the most prominent pathognomonic symptom attending the disease, is the utter inability to control the thirst for drink. Regardless of all the higher emotions, against his conscience, his reason, and his better judgment, the Oinomaniac is blindly driven on by the ruthless monster. So complete is the loss of self-control in this disease, that in order to appease his morbid appetite the unfortunate victim will resort to measures the most extreme.’

Following the above paragraphs, a case is detailed in which self-mutilation was resorted to by an “oinomaniac,” in order to obtain a draught of rum. The hereditary tendency to “oinomania” is noticed, as also an increased rate of mortality among the children of inebriates. Finally, Dr. H. describes three varieties of the hypothetical disease, as acute, paroxysmal, and chronic, and advocates its treatment in asylums specially adapted to this purpose.

We may first correct one or two errors, into which Dr. Harlow has perhaps inadvertently fallen. The disease lately described under the name of alcoholism, is by no means simply the condition commonly known as drunkenness. Indeed, the term was adopted in order to direct especial attention to the secondary and chronic results of intemperance. It is used very properly without reference to the question of insanity, and the disorder is ranked among the neuroses. Again, those who refuse to admit the term oinomania are far from

denying "that there is no disease which gives rise to inebriety," or even that a diseased organization is often the chief cause of inebriety. Several forms of bodily disease, as gout and dyspepsia, give rise to various depraved appetites and passions, and the facts of heredity are conclusive as to the morbid tendencies transmitted by dissolute parents.

But with what view is it sought to establish a form of mania which consists only in "an irresistible impulse to indulge in the use of intoxicating substances?" And first let us look at the question in its scientific aspect.

Three centuries ago, disease was generally supposed to be a malign entity, which, through the Divine displeasure, demoniacal power, or magic art, entered the human body, and caused the infinite variety of morbid symptoms. Slowly the superstitious notions as to the source of these phenomena faded out, but to the multiplying forms of disease was still joined the idea of separate and dissimilar entities, which they represented. These, exercising a choice of locality in the human economy, took their seats in favorite organs and tissues. By many they are yet recognized in connection with Peyers' patches, the blood globules, and the cerebral tracts which answer to the divisions on the craniological skulls. Now we need hardly say that this is all nonsense to modern science. Certain vital and certain mental phenomena we discover by experience to be destructive or degenerate. These we arrange into divisions, in a manner the best to state our present knowledge, and the most favorable to further inquiry. At first, mere symptoms are grouped according to their resemblances; then, around organic lesions; and finally, where it is possible, under predisposing or efficient causes. When Esquirol, Marc, and other alienists wrote upon insanity, nearly half a century ago, every trifling group of morbid symptoms had a sounding name, and each of the numerous faculties of the phrenologists was supposed to be an independent power, with its seat more or less ingeniously placed on the cerebral circumference. This is all changed. Mind is now recognized to be a unit, and even the grand division into intellectual, and emotional faculties, merely a convenience. Here, as everywhere,



the progress of science has tended to blend the minor divisions of phenomena, which had been based on superficial observation. Of the neuroses, the phlegmasia, and the special manias of the time referred to, who can now pretend to name a tenth part ?

What, then, is the reason that this mania for drinking should not be dismissed with the rest ? Not, certainly, that by chance it falls into place in some better system of classification. Its advocates do not claim that it has any pathological foundation. Into the proposed etiological grouping of mental diseases it can not enter. Insanity resulting from intoxication includes a large group of commonly observed symptoms ; and Dr. Harlow refers to no morbid source of oinomania but that of heredity. No, the classification remains based upon the old plan, of the empirical collocation of symptoms.

The utter vagueness of the term oinomania, and its uselessness for descriptive purposes, are equally apparent. Of course, the impulse to drink is of no account ; it being a thousand times more common as representing a physiological need or a vicious habit, than as the result of disease. The pathognomic and sole test is that of irresistibility,—not a symptom, but a hypothetical state, which can itself only be known, except by Omniscience, through symptoms which are, *ex hypothesi*, excluded.

Finally, the term is not only logically absurd, but it is practically mischievous. To say nothing of the disrepute into which medical evidence has been brought by the admission of monomanias of vice before the courts, it invites the subjects of evil habits to a form of self-deception most deplorable in its effects. Convinced that he is without power to refuse the demands of appetite and passion, and thus is irresponsible for their indulgence, the motives to restraint are at once overbalanced, and the struggle is at an end. The weight of public condemnation, the apprehension of legal penalties, and the dread threatenings of Divine displeasure, are all powerless before this flattering sophism of monomaniacal impulse.

Dr. Harlow refers, in closing, to the Asylum for Inebriates, now nearly completed, at Binghamton, in this State. It is the design of the wisest and most substantial friends of this institution, to create

an asylum to which confirmed drunkards may resort, or in which they may be placed by their relatives or the public, in order that enforced abstinence, regular habits of employment, and various means of medical and moral treatment, may, if possible, restore them to sobriety and morality. To warrant a hope of success, its management from the first must proceed upon practical and common-sense views of the end to be achieved, and the means to be employed. To base such an institution upon visionary medical theories, of any sort, is to forfeit every chance of its usefulness. Its interests have already been prejudiced—of course undesignedly—by notices of it as in Dr. Harlow's report, in connection with the theory of oinomania. We hope, however, soon to learn what views will control its operations, in an announcement of its readiness for inmates, and ardently wish that they may be such as will warrant the highest confidence in the result of a noble and generous experiment.

2. The report of the Worcester Hospital for the fiscal year 1860, is a bulky document in which, after the earliest fashion of asylum reports, a few interesting facts, and a multitude of utterly unmeaning ones, are spread over eighty octavo pages. It is especially gratifying to learn that a freedom from epidemic disease, and a general sanitary improvement, have followed step by step upon the introduction of forced ventilation, perfect sewerage and other changes, into this pioneer institution. The stone cells, for several years disused, have been replaced by rooms for music, reading and billiards. Since the evil of overcrowding was removed, by the opening of a new Hospital, the advantages of a proper classification have been obtained; and the reception of an unusual number of acute, curable cases, and the happy results of their treatment under these conditions, has done much to renew and elevate the character of the institution.

Among those discharged during the past year were seventy-nine, mostly foreigners, who had no settlement in the State. The commissioners into whose charge these are given, found it necessary to place a considerable number in the State almshouses. This necessity, sad in itself, and especially as discouraging the hope that hospital

treatment will greatly lessen the number of the insane, still leaves the cheering fact, that all the acute cases occurring in the State may now find ready admission into the three large hospitals, under every advantage of treatment which can be required.

Of the etiological tables, Dr. Bemis writes :—

“ An attempt to set forth with exactness the relative influence of the various causes of insanity is extremely difficult. All statistical tables are subject to error, and hence great caution is necessary in drawing conclusions, even from those prepared by the most skillful observers. It often happens that statistical statements transmitted with the patients received into the hospital, are either carelessly filled up, or the real cause of the attack is not given.

“ Thus, masturbation, intemperance, and other causes disagreeable to the patient's friends, but which may have been the most influential agents in producing the disease, are in the official statement replaced by ‘ unknown,’ ‘ ill health.’ An affectionate and well-intended reluctance to publish the moral and intellectual infirmities of an afflicted friend, may induce those relied on for information on the subject to ignore the facts in the case, and ascribe the existence of the malady to some trivial and inefficient agency.

“ Thus it happens that upon the records of the hospital we find such causes as ‘ sore finger,’ ‘ bite of dog.’ But if all the agencies named in the table were given in good faith, and if they really point out conditions predisposing individuals to mental disease, we are led to recognize a strong similarity between the causes of insanity and of other disorders of the nervous system.

“ Indeed, there is hardly an assigned cause contained in the table, moral or physical, which may not induce in other persons chorea, epilepsy, convulsions, or paralysis. It is necessary, therefore, in attempting to investigate the diversified causes of insanity, to divest the mind of any previous ideas which might bias the judgment, and attend closely to the facts which have been recorded by intelligent observers, and which, if in themselves imperfect, giving only a partial light, are much better than any preconceived notions or theoretical speculations. By so doing we hope eventually to arrive at some more satisfactory conclusion regarding the nature and cause of mental disease, and thus be able to exercise some control over the conditions which produce so great an evil.”

These remarks are in the main sufficiently guarded and just. But we can not suppose that the “ good faith” in which the causes of insanity have been given by friends, will add to their scientific value ; and in the “ *if* they really point out conditions predisposing individuals

to mental disease," lies the point of the question. From the very nature of popular reasoning, and from our daily experience, we know that the most casual and inefficient facts in connection with the development of insanity are generally observed and attributed as causes by the friends of patients. The question is simply, whether we shall accept an *ignis fatuus* as a "partial light," and allow it to divert us from the pursuit of a rational, though a dark and laborious, progress.

The general statistics for the year are : Admitted 215, discharged 201, remaining 331. Of those discharged, 129 were recovered, 35 were improved, 15 unimproved, and 22 died.

3. Dr. Tyler presents the forty-third annual report of the McLean Asylum to the trustees of the Massachusetts General Hospital. It consists, as usual, in great part of suggestions regarding the symptoms and treatment of insanity, from a popular point of view, and is well calculated to have a happy and important effect.

During the year 121 patients were admitted, and 109 discharged ; leaving 186 at the close. 39 were discharged recovered, 37 improved, 9 unimproved, and 24 died.

4. The statistics for 1860 of the Butler Hospital, are as follows : Admitted 58, discharged 66, remaining 127. Of those discharged, 22 were recovered, 21 improved, 8 unimproved, and 15 died.

Dr. Ray notices a single incident in the history of the Hospital for the year—the introduction of gas for lighting—and proceeds at once to the consideration of an interesting topic in its relations to mental disease, heredity. He regards the hereditary character of insanity, a fact as firmly established as that of the propagation of certain other diseases by contagion, and unquestionably of all the agencies concerned in its production the most prolific. The practical bearings of this fact are developed in the form of advice to those who are thus predisposed, as to the plan of mental and bodily discipline likely to be most effectual for the prevention of insanity.

It would hardly be possible to give in any other language than

that of Dr. Ray, the force and substance of his very sensible and appropriate remarks. Of course, they are much too extended for our brief limits. We will quote, however, as a specimen, two of the introductory paragraphs.

“To those who have unfortunately inherited a predisposition to mental disease, the course and conduct of life most likely to prevent its development must be a matter of the deepest concern. While one thus constituted should, certainly, avoid undue anxiety on the subject, yet it would be an error no less serious, to ignore the fact altogether, and act precisely as if it did not exist. It would be the wiser thing, to believe that it depends very much on himself, whether or not the morbid germ is developed into fatal activity, or kept for many years, if not for life, in a latent condition. Though I would not deny that sometimes the disease is developed, apparently, by no exoteric agencies whatever, yet it is a matter of common observation, that this result is often attributable to incidents and conditions that might have been avoided. There is also reason to believe that many persons, thus unhappily constituted, have warded off an attack of disease, by looking the evil firmly in the face, and resolutely shunning, in their diet, regimen, habits, occupations and amusements, mental and bodily exercise of every description, whatever might be supposed likely to produce unhealthy excitement.

“The first consideration I would urge on this class of persons, is, that a tendency to mental disease is liable to be increased by any derangement of the bodily health. Wherever its principal seat may be, the brain is liable to be finally involved in the morbid process. I do not mean that a fever or an influenza, a hemorrhage or a broken bone, may be always avoided by any practicable degree of prudence or forecast; and yet it can scarcely be questioned, that a very large proportion of our bodily ailments proceed from ignorance, or imprudence, or willful folly. The proper care of our bodily health, important enough under any circumstances, becomes doubly so, when rendered necessary to preserve the health of the mind. Parents who have reason to fear the existence of hereditary mental infirmities in their offspring, have an additional inducement to watch over their health, to strengthen their bodily powers, and promote a happy balance of the various faculties of the mind. It would be unnecessary to dwell on those dietetic rules applicable to all sorts and conditions of youth. My present object will be best met by directing attention to principles and practices most suitable to such as may be supposed to have inherited tendencies to mental disease.”

Dr. Ray proceeds to point out at length the special sources, in childhood, in youth, and in middle age, from which latent mental



disease is most likely to be developed into positive insanity, and how to avoid or counteract their influence. In the course of these remarks, he makes a "digression," as follows:—

"Man is a creature, not only of intellect and appetite, but of sentiment. He is endowed with faculties whereby certain attributes of men and things excite emotions of pleasure or pain,—all necessary to the accomplishment of the ends of his existence,—all essential to his happiness as a moral and rational creature,—all essential to the maintenance of his responsibility to God and man. That the sentiments, as well as the intellect, may be perverted by disease, is a fact to which the phenomena of insanity abundantly testify. There is no reason why they should not. Indeed, since the intellectual and moral faculties are equally dependent on the brain, the manifestations of cerebral disorder are as likely to appear in the one as in the other. Which it may happen to be, is a question, I apprehend, of cerebral locality, and, it may be, of certain organic conditions not yet understood. It is not disputed that disease may affect the intellect, without, at the same time, involving, *apparently*, the affective powers; and it is no less obvious that the latter may be greatly disordered while the former *seems*, at least, to remain in its normal condition. To say that mental disease necessarily implies obvious intellectual aberration, is simply to ignore the testimony of every day's observation. The question is not, whether, in such cases, the intellect is entirely untouched by the disease, but whether, or not, the disease is so slight as to escape notice, and thus not sensibly affect the great predominance of the moral disorder. If we were contending against a barren speculation, it would be labor lost, no doubt; but the practical consequences of the doctrine cannot be regarded without the deepest concern. So long as the intellect is not visibly diseased, it is alleged, there is no insanity,—none certainly that can impair the legal responsibility of the patient. Disease may sap the very foundations of the moral nature; it may blast the sentiments of benevolence, of justice, of veneration, changing naturally mild and amiable dispositions into malignant passions, converting the man of generous, open-hearted nature into a miser, with no thought of anything but accumulation; the man of sternest integrity into a pilferer of the smallest description; the staid, quiet, respectable citizen into a noisy, shameless brawler, regardless of every rule of common propriety or courtesy,—and yet, in no court of conscience or of justice, is he to claim any exemption from the ordinary consequences of vice and crime! Surely, it is a monstrous doctrine to put forth in an age of humanity and science, that just when those moral checks and balances which the Creator has placed in the human soul, for the proper ordering of the life and the attainment of life's great ends, are disar-



ranged and perverted by the intrusion of a foreign element, the individual is none the less capable of performing his moral duties and obligations, and none the less accountable for any short-comings that may follow. It is difficult to argue against a doctrine utterly destitute of any foundation in fact, and opposed to the testimony of every day's observation; and one is obliged to be contented with simply an expression of wonder and amazement. But it is time to return from this digression into which we have been led from the point in hand,—a digression, however, not so foreign to the subject-matter as might, at first thought, be supposed."

It would be idle, we know, to pursue the speculative side of the subject here presented. That "the sentiments as well as the intellect may be perverted by disease," all must agree. We must admit, indeed, if we would not contravene the highest scientific teaching, that in their origin and in their growth, there is no ground of distinction between these two classes. The division is entirely superficial, and the first step in an analysis shows that an act of the intellect is impossible without an accompanying affective one, and *vice versa*. As for the supposition that "cerebral locality" may represent divisions of this sort, it is, at least, a gratuitous and generally rejected hypothesis? Certainly, then, using the terms only as roughly descriptive, we will not dispute "that disease may affect the intellect, without at the same time involving *apparently* the affective powers;" and "the latter may be greatly disordered while the former *seems*, at least, to remain in its normal condition. But all this is outward appearance and seeming, merely. The perception of the experienced alienist pierces beneath these, and the mental states from which he diagnoses insanity will inevitably be found to contain both the intellectual and affective elements of mind, at least when they are not so combined as to be beyond his analysis. No phase or degree of simple moral depravation, we are sure Dr. Ray will agree with us, can be pathognomonic of insanity. The great question is, whether we shall consider and treat those whose *notions* are generally held to be absurd, or, on the other hand, those whose *desires* and *volitions* are not in sympathy with those of the mass of mankind, as *insane*.

The highly colored picture with which the above paragraph closes, is entirely illusive. That disease which, it is claimed, may utterly

pervert one of the ten or one hundred sentiments—according to the fancy of the craniologist—leaving all the others untouched, is here laid out at the “very foundations of the moral nature,” and is painted with the clearest outlines, and the broadest contrasts. Under the “moral insanity” which Dr. Ray recognizes, we must remember, is the irresponsible manifestation of a single sentiment, or a single desire. In what way we shall determine whether the “foreign element” which impels this manifestation is that of sin or disease, has often been asked, but can never be answered.

The practical use which Dr. Ray has made in his remarks, of this broadly distinguished “moral insanity,” will not be anticipated by his readers. In their applied treatment of the human mind, neither the moralist nor the jurist think of directing their remedies separately to the judgment and the desires. The very mention of such a scheme, is at once seen to include an absurdity. Dr. Ray’s advice following his digression, is certainly fairly deduced, but if it have any other practical tendency more marked than to create a moral hypochondria, we are greatly mistaken. It is as follows:—

“If, indeed, the moral powers hold such intimate relations with mental disease, then, certainly, the discipline to which they are subjected, becomes a matter of the highest importance. Bearing in mind the fundamental law of the animal economy, that excessive exercise of a faculty leads to its disease, all the more surely and speedily when the conservative power is weakened by hereditary tendency to disease, we may readily understand the necessity of prudence in the use of those faculties, on the part of persons thus constituted. In some degree, at least, they have the power of controlling their moral movements, and to that extent, of hastening or retarding an attack of disease; and some,—a small proportion, perhaps, but large enough to be worth saving, if possible,—need only to be put on their guard in order to avoid the danger.

“To know where their danger lies, let them ascertain, not only by self-examination, but by the counsel of judicious friends, their own ruling sentiments,—those which determine, in a great degree, their peculiar traits of character. No one sees himself exactly as others see him, and none hit so wide of a proper self-estimate, as those whose insight is disturbed by the play of morbid tendencies. Let the persons in question distrust themselves, therefore, and defer to the judgment of others who are competent to observe correctly their mental peculiarities, and are moved by a sincere interest in

their welfare. Thus may they learn the impending danger in season to avoid it, and before the world at large, perhaps, is aware of its existence."

5. The number under care in the New York City Asylum is augmented in a yearly increasing ratio. The daily average of population for 1860 was 745, 57 more than in 1859, and 85 more than in 1858. The necessity of crowding 745 patients into accommodations sufficient only for 450, cannot but be attended with the most serious evils. A new building is now, however, in course of erection, and another, at present used as a hospital, will soon be converted into a branch-asylum.

An anomaly and injustice in the system of support of pauper lunatics in New York city, receives the attention of Dr. Ranney and the City Commissioners of Public Charities and Correction. By the law creating the Board of Commissioners of Emigration, the payment of \$2 is exacted from the owners or consignees of vessels, for every foreign passenger landed in the city. This amount goes to form a fund from which the immigrant may be supported, if he become a pauper within five years of the time of his arrival. If the immigrant be insane upon landing, \$500 must be paid to the fund from the same source. As is well known, the counties of the State have very generally availed themselves of this law to send back insane or pauper immigrants not yet five years in the country, to the charge of the Board, or have drawn upon the Emigrant fund for their support where they had chanced to be placed. Hitherto the city and county of New York have maintained and taken charge of a large proportion of all the insane having a claim upon this fund, without receiving anything from it for their support. An earnest protest is made against this injustice, and the effect will probably be further to relieve the overcrowded City Asylum, and reduce its population to proper limits.

401 patients were received during the year, 358 were discharged, and 754 remained. 149 were discharged recovered, 60 improved, 31 unimproved, and 118 died.

6. Dr. Buttolph's report gives very satisfactory evidence of the steady success and progress of the New Jersey Asylum. Its economical and its professional results, alike justify a marked confidence in its management, of which the tokens can not fail to be noticed in its history. The population of the State, and, it is probable, the number who yearly become insane, remain nearly stationary; while the number admitted, and especially the number of applications for admission, are steadily increasing.

In the present report, the question of further provision is discussed in a manner indicating the assurance that it is to be promptly afforded by the State. As to the form of this provision, taking into account the small size of the State, the central and readily accessible location of the asylum, pecuniary considerations, and the fact that to a large extent chronic cases will be treated in such an institution, it is advised to enlarge the present structure, so as to provide rooms for one hundred additional patients. In respect to this and other improvements, we quote as follows:—

“With this increase in the number of patients, and indeed with the present number, some additional rooms will be needed in the central edifice, to supply the required space for culinary arrangements, store rooms, bed rooms, &c., in the lower and middle stories, and for a larger chapel in the upper. In this case, the room now used for a chapel can be set apart very advantageously for various interesting and amusing entertainments for the patients, in which a platform and other fixtures of a permanent character are quite essential.

“By reference to the annexed print, showing the plan of the building, the first story of the proposed addition to the centre and wings on either side will be seen. A portion of the enlargement of the wings will consist of an extension of the present cross-wings, so as to accommodate nine more patients in each story, while the remaining portion will be but two stories high, and used for the most noisy and demented classes. The building then would possess arrangements for eleven full and fourteen partial divisions of each sex, which may be regarded as ample for all needful purposes of classification. The estimated cost for proposed buildings, with fixtures and furniture complete in every part for use, is fifty thousand dollars, (\$50,000) viz: twenty-one thousand dollars (\$21,000) for the wings on either side, and eight thousand (\$8,000) for the centre. Could the building of the centre and wings on the side for females (of which there are usually the largest number) be effected the first year, together with the

foundation of the wing on the other side, the whole arrangement could be finished and put in use within the second year, which would be highly advantageous. During the past year, a substantial stone building thirty by thirty-three feet, and three stories high, has been erected, at a cost of about eight hundred dollars, (\$800) to be used for storing lumber, for carpenter's and paint shop, and for other purposes. The expense of the work was paid in part by the asylum, and in part by Dr. Buttolph, with the understanding that the amount be refunded at the convenience of the institution. The building will furnish ample shop room for all ordinary work, and also for any extra number of workmen that may be needed in connection with the possible extension of the main building.

"It may also be mentioned, that some valuable machinery has been introduced during the year, to facilitate the work in the shops for wood and iron work, consisting of a circular saw, a moulding and planing machine in the former, and a screw cutting machine for wrought iron pipe in the latter. These are propelled by the engine erected the year before for driving the ventilating fan.

"Other substantial improvements and repairs have been effected during the last year, to as great an extent as the means of the institution would permit, though much still remains to be done. The improvement in the warming and ventilation of the house, through the agency of the forcing machinery, engine, fan, &c., erected in the year '59, has been very great, and such as fully to demonstrate the utility of the work."

The general results for the year, are : Admitted, 171 ; discharged, 170 ; remaining, 310. Of those discharged, 73 were recovered, 71 improved, 3 unimproved, and 23 died.

7. "At the date of the report made one year ago," writes Dr. Kirkbride, "the last of the male patients had just been removed to the new hospital, and the experiment of treating the sexes in different buildings was fairly commenced. The change which was then inaugurated, had not been proposed without mature reflection, and a settled conviction of its importance ; and it may be sufficient, on the present occasion, to say that a single year's experience has been entirely satisfactory, and that the advantages which were hoped for from the new arrangement, have been fully realized."

Upon the removal of the males to the New Department, the most thorough repairs to the old building were at once commenced. They



had not been entirely completed at the date of the report, but required only a few weeks in which to prepare it for occupation.

"The entire cost of these improvements in 'the Department for Females,' will be about \$25,000. Although not convenient to expend so large a sum in the present state of the finances of the hospital, still, I have never doubted but that, if any temporary embarrassment should ensue from this cause, when the necessity for the work is fully known, and the great advantages which had been secured by its execution fully understood, we could rely for relief, with entire confidence, upon that wise liberality and generous benevolence which have never yet failed this institution when properly appealed to."

The general statistics are : Admitted, 211 ; discharged, 191 ; remaining, 274. Of the number discharged, 98 were recovered, 41 improved, 26 unimproved, and 26 died.

At the close of the second decennial period of the "Pennsylvania Hospital for the Insane," an abstract of all the cases received since its opening is given in a series of tables. The general statistics for nineteen years were copied in our notice of the report for 1859, and we will not repeat them. The special statistics, occupying twelve tables, bear evidence of having been prepared with much labor and faithfulness. Yet it no doubt occurred to those who have not spared themselves this labor, that its results—except as tending to confirm perhaps half a dozen undisputed general statements—are wholly without practical or rational value. It is to be regretted, we think, that, at so marked a period in the history of his institution, Dr. Kirkbride had not taken occasion to consider the subject of Asylum Statistics at length, and to suggest some changes in their present forms, either to increase their probable value, or to lessen the factitious importance now given them, too often to the exclusion of more worthy matters. We had thought to offer some comments upon the subject in this place, but our limits forbid any thing like the extended notice which its importance demands.

The following interesting abstract of the history of the Hospital, we quote from the retrospect of twenty years just completed :—

"As is well known to those who are at all familiar with the history of the insane in America, the first regular provision for the care



and treatment of this afflicted class was made in the Pennsylvania Hospital in the city of Philadelphia, in the year 1751, and into its original buildings such cases were received till the first day of 1841, at which time the present hospital was opened. Previous to the opening of this building, the number of patients under care was about 110, filling all the rooms—the entire number occupying the west wing and a small detached building of the Hospital at Eighth and Pine Streets. These cases were imperfectly divided into three classes for each sex, while the entire pleasure-grounds used by them did not exceed two acres in extent. At the present time there are 274 patients under care, in two buildings, entirely distinct; each, indeed, a complete hospital in itself, and each offering more than double the accommodations of the old hospital, having provision for the perfect separation of the sexes, and for sixteen distinct classes of each, with more than ninety acres of private pleasure-grounds, a part of a tract of one hundred and thirteen acres belonging to the institution; while room is provided for nearly two hundred more than are now under care. These two buildings, it may also be remarked, have been provided without taking any thing from the vested funds of the institution, and without aid from city, county, or State. The first hospital, now ‘the Department for Females,’ was erected and furnished, as well as all the grounds purchased, from funds obtained from the sale of vacant lots formerly surrounding the old building, and which originally cost but \$10,000, and had never been of any material service to the institution. The other, now ‘the Department for Males,’ as is well known, arose from the generous contributions of benevolent individuals, mostly our own fellow-citizens, to the amount of more than \$350,000, and in response to an appeal for aid to make provision for those amongst us on whom this affliction may be permitted to come, and which, experience had shown, could rarely be treated with success among friends and familiar associations.”

8. The report of the Penn. State Lunatic Hospital, brings down the history of that institution to the tenth year since its opening. 1,336 patients had been received to the date of the report, of whom 236 have been discharged recovered, 236 improved, 358 unimproved, and 178 have died. For 1860, the general statistics were: Admitted 144, discharged 127, remaining 291. Discharged recovered 31, improved 40, unimproved 48, died 8.

The Trustees state as follows:—

“The average number of patients in the house during the past year has been very nearly as many as can, with advantage or safety, be accommodated; and yet it has been well ascertained, from care-

ful investigations made by that indefatigable philanthropist, Miss D. L. Dix, to whom the insane of Pennsylvania are already so much indebted, as well as by various other benevolent persons, that there are at the present time, in nearly every section of this great Commonwealth, quite a large number of insane, suffering from the want of hospital treatment. Confined in jails, poor houses, private dwellings, or, worse than either, in isolated structures, near what were once their own homes, they are too often subjected to a management which, to say nothing of its cruelty to those who are suffering under so great an affliction, cannot fail, before long, to take away the last chance of recovery for the curable, and sink into the lowest depths of mental prostration those who are not likely to be restored to reason."

An appeal to the justice and humanity of the State is based upon the sad facts above given. May it meet with a ready and liberal response.

9. Steady progress is being made toward the completion of the new Western Penn. Hospital buildings. The centre and front wings were closed in and partially roofed at the date of the report, and the work of finishing the interior had been commenced. They are of brick, the roof of galvanized iron, and are to have iron stairways. A station-house building on the railroad, near at hand, for the accommodation of the Hospital and to serve as a dwelling for the steward, and a laundry building, are also being finished.

In honor of Miss Dix, to whose zeal and devotedness the new Hospital is greatly indebted, it has been named the "Dixmont Hospital for the Insane." The Hospital is built upon a farm of 280 acres, extending 2,600 feet along the railroad and Ohio river. When completed—with two rear wings not at present to be erected—it will provide for three hundred patients. Steam will be introduced into the basement chambers for heating, and the building will be thoroughly ventilated. Water is supplied from the river by a Worthington steam-pump.

The general results for the year are : Admitted 109, discharged 98, remaining 111. Recovered 46, improved 31, unimproved 11, died 10.

10. Dr. McFarland's biennial report is mainly devoted to the general history of the Illinois Hospital for two years, and the notice of practical advantages and emergencies therein suggested.

The work of completing this Hospital according to the original plan—thereby more than doubling its present capacity for 200 patients—which had been commenced, has been suspended.

“Before the work can now be resumed and finished,” says the Superintendent, “there will be such an accumulation of cases within the State, that still further room will be imperatively required. Any further extension of this will be out of the question. One superintendent, however industrious and gifted with administrative ability, will have full employment in the care of four or five hundred such helpless and dependent human beings as will be gathered here. That three first-class institutions in the State, of which this will be the central, will be required at an early day, does not admit of a doubt. That one of these should immediately be begun, is dictated by every necessity.”

Dr. McFarland also presents in the strongest light the arguments against associating and treating the criminal insane in a hospital with other classes. In view of the weighty objections to such a course, and of the fact that a State penitentiary is in process of construction, he concludes, that “the subject reduces itself to the plain question: *Which is the more proper, to have a hospital attached to a penitentiary, or to have a penitentiary attached to a hospital?*” The former is a necessity in all instances, a humane juxtaposition, which should never be wanting: the latter is a needless incongruity, corrupting to the whole employed corps of the hospital, and, if suffered to continue, would surely be eventually regarded as a reproach upon the ruling sentiment of the State.”

An increased water-supply is urged, as a matter of the first importance to the welfare of the Hospital. A change is advised in the existing mode, of maintaining all patients at the public expense, except for clothing. From one-fifth to one-sixth of the present patients, it is supposed, might be supported at private expense, and a change

in the law organizing the Hospital, directing the Trustees to adopt this policy, is desired.

In the summer of 1860, an epidemic of typhoid fever was developed in the institution. About thirty cases occurred, three of which proved fatal. Although no doubt due to a local cause, the emanations from a defective drain in one division of the building, it seemed clearly proven to be contagious by several singular facts in its history.

During the two years of the report, there were admitted 323; discharged—recovered 151, improved 32, unimproved 106, died 29—321; remaining 231.

11. The history of the Indiana Hospital for the past year presents few points of general interest. No appropriation has yet been made by the State for the completion of the Hospital, by the addition of another wing; and the unfit basement rooms are still of necessity used for patients. Good progress has been made in the boring of an Artesian well, from which a large water supply is confidently anticipated.

The usual statistics are: Admitted 221, discharged 227, remaining 297. Discharged recovered 104, improved 14, unimproved 90, died 19.

12. Dr. Hills' report is brief, and mainly confined to statistical and business details of the Central Asylum. With the former, however, he presents a "Table of the Institutions for the Insane in the United States," for the reason of "having found it in the general professional literature of the country." He says:—

"It will be seen from this table that our institution during a period of twenty-one years (now twenty-two) has maintained a position in advance of all other institutions of the United States, east of the Rocky Mountains, in the proportion of its recoveries upon the number of patients committed to its care. This is not alluded to in a spirit of boasting, for there are many circumstances that have their bearing in determining this percentage. We believe the principal causes of our's having become so eminently a curative institution, are to be found in the principles upon which it has been established and maintained, especially the provisions of the statute laws that *all*

*its inmates shall be maintained at the expense of the State, and that chronic and incurable cases must give place, when necessary, to those that are recent and hopeful.*

"We are proud to say that we believe Ohio has been the pioneer in this direction, and do not doubt that the number of states following this example will ere long not be few, but many."

The value of the plan by which all the insane treated in asylums derive their support from the State treasury, is, of course, to be judged by its practical results. If curative treatment can be secured to the largest number of recent cases, and if proper care of the incurable class can be most surely effected, through one grade of institutions supported directly by the State, by all means let this system be ardently recommended. But if otherwise,—if a policy of public and private or mixed institutions, of State, or county, or municipal support, best answers the desired ends, then let its merits be fairly allowed. We remember that the theoretical superiority of the Ohio system, was its greater simplicity and comprehensiveness. With the least possible trouble and expense, all the insane of the State would be gathered into curative establishments. But it has in fact been found nearly impossible to keep the Ohio Asylums up to the curative standard; and now we have Dr. Hills stating, as an admirable feature of this policy, "that chronic and incurable cases must give place, when necessary, to those that are recent and hopeful." So that the principal objection to the mixed system—an impossible and unjust discrimination against incurables, who must be kept in county-houses, receptacles, or private families—has become the cornerstone of a scheme which is forced entirely to ignore the class of chronic insane. After having stated at length the advantages of this policy—all obviously to be gained, if we may lose sight of incurables—Dr. Hills concludes:—

"All these are very important results, and are so nearly self-evident that it is needless to comment upon them. It can be distinctly understood how they may contribute to increase the percentage of recoveries over that of institutions like all the older ones, and some others in which the pay system is required, tending to keep patients out of the Asylum too long, and removing them too soon, and in which incurables are retained, and their proportion constantly aug-



menting, making the institutions less distinctly curative and more custodial in character.

"We recognize the importance, as much as any, of taking care of incurables as well as curables; but when a fraction only of the whole can be cared for in the Asylum, none can hesitate to say which should be preferred. In the first opening of an institution, when the number of applications demands a selection, the curables would have preference assuredly. The State of Ohio most wisely perpetuates this principle in the continued operation of her institutions, and therein she stands isolated from nearly all other States.

"We have dwelt upon this subject, for the reason that the policy of Ohio, in maintaining all the inmates of her Asylums and giving the above stated preference to curables, is objected to by some; but the great wisdom and magnanimous beneficence of the State stand fully vindicated in the preceding figures. Another reason for our dwelling upon it is, that our large proportion of recoveries has led some to doubt the genuineness of those recoveries. In the preceding pages ample reasons can be found for accounting for the result, without the necessity of questioning the honesty of reports, or demanding the existence of superior skill. We disclaim the latter with as much sincerity as we insist upon the former. The genuineness and general permanence of our recoveries, we believe to be on a par with those of other institutions, and that the fact will be apparent in statistics, now being procured, to be presented in future."

Whatever may be the fact as to the recoveries, Dr. H. may see, upon comparing the figures in the table he has quoted, that the average yearly admissions to the Central Ohio Asylum, in spite of the policy of removing incurables, have been less, in proportion to capacity, in that Asylum than in several others. This, of course, affords no rational datum in the case, any more than do the figures referred to "vindicate the great wisdom and magnanimous beneficence of the State."

The general summary for the year is : Admitted 208, discharged 170,—recovered 101, improved 24, unimproved 31, died 14—remaining 252.

13. Dr. Kendrick appears to us to take a proper view of the bearings of the State policy upon the interests of the insane, and to discern the true direction in which improvements are to be sought. Of the evils pertaining to the Northern Asylum, he says :—



"The nearer the approach to *individualized* treatment in our hospitals—other things being equal—the greater the success. The percentage of recoveries will be increased in direct ratio with the increase of resources; proper classification, appropriate labor, constant mental employment, so diversified as not to weary, are indispensable to a successful treatment of the insane. They may as well be confined in the infirmaries and jails of their counties as in our public hospitals, if debarred, by narrow-minded views of economy, from that extensive range of employment and amusement now so universally furnished the insane in curative institutions.

"I am sorry to say this Asylum is behind the age in these respects; great changes must take place, to bring it up to that high standard of excellence to which a worthy ambition prompts us to aspire. Our wards, three for each sex, are crowded with persons so diverse in temperament, tastes, social position and intellectual culture, as to render an attempt at classification a nullity, whilst the compulsory mingling of the rude and sensitive in the same hall tends to increase their irritability, promote discontent, and diminish the chances of recovery. The law, which gives preference to recent cases, introduces into the Asylum a class whose services, for some time at least after admission, can be little used in ordinary labor, with safety to themselves or advantage to the Institution; yet these persons need diversion of thought and the stimulus of suitable employment to rouse their dormant faculties, as certainly as they need strong food and tonic remedies to invigorate their enfeebled bodies.

"While to many of our sister institutions munificent donations are being constantly made by private citizens, to furnish them with abundant means of amusement, we are obliged to depend upon our own meagre resources to supply the wards with those simple pastimes which even families deem essential to ordinary comfort.

"Recreation halls should be erected and fitted up, one for each sex, adjacent to the Asylum, where at suitable times they might engage in innocent sports, with a freedom from restraint which it is impossible for them to feel in the wards of the hospital."

Dr. K. further states as probable, that at least six hundred insane persons are within the borders of his district, comprising twenty counties of the State. Only 135 out of this number were under treatment at the date of the report.

"From all these counties," he continues, "we hear sad accounts of the condition of the insane, and urgent appeals are being constantly made for the admission of the troublesome incurable to the Asylum. Until something is done for the permanent relief of these sufferers and the communities upon which they hang as dead weights, philanthropy and proper economy will continue to urge their aggre-

gation into organized establishments, where, in consulting the general good, each individual must receive his just share of attention."

And, it is asked, what shall be done? The general experience, both in Europe and in this country, he recognizes as opposed to the connection of lunatic asylums with poor-houses. The laws of the State forbid the opening of private asylums; and a central asylum for incurables, of the vast size which would be required, is impracticable. Finally, he quotes with approval the remarks of Dr. McFarland, at the last Meeting of the Association of Medical Superintendents, who anticipated 'that the mixed institutions, fostered but not controlled by the State, founded upon and appealing to voluntary contributions, were the class most likely to take the place of all others, and to do their work with the greatest perfection. Yet this can not now be waited for. The wealthy classes can be educated up to this standard, only by the most persevering and patient effort. And in the meantime, he says truly, "there can be no question as to the real economy and expediency of completing the Northern and Southern Asylums, as originally contemplated."

135 patients remained at the close of the year, during which 115 had been admitted, and 118 discharged. Of the latter, 54 were recovered, 12 improved, 50 unimproved, and 2 died.

14. Dr. McIlhenny also advises the enlargement and completion of the Southern Asylum. He says:—

"We most especially desire to call the attention of the Board to the subject of the enlargement of the building. This district is composed of twenty-five counties, containing in the aggregate a population of 454,950.

"We think we have pretty accurately ascertained that there are within these counties as many as 500 insane. Of this number, 157 only can be furnished with room in this Institution, leaving 343 for whom no provision is made.

"In view of the small number who can be cared for in the asylum, and of the wretched and uncomfortable condition of many of those who are confined in the county houses and jails, and of the fact that it is impracticable, and almost impossible for friends to take proper care of them at home, must it not be deemed a matter not only of philanthropy and humanity, but in the end also of economy,

to furnish those thus situated with homes in hospitals devoted to the cure of insane alone, where more protection can be thrown around them than is possible to be done elsewhere?

"The only cost in the building would be two additional wings, which would be but trifling in comparison to the erection of a new house. The same officers could as readily attend to double the number of patients that they now do—a few more employees, with a corresponding increase in provisions, comprehend all the additional expense. With this improvement 300 patients could be well accommodated; besides, the increase of halls would enable us to classify and better arrange them, much to their benefit, as well as to the convenience of all concerned."

The usual statistics are: Admitted during the year, 127; discharged—recovered 64, improved 2, unimproved 52, died 8—126; remaining 157.

The large proportion discharged "unimproved," is explained by the transference of a number of patients to the other asylums, consequent upon a change in the asylum districts of the State. Similar changes in this and other States are not unfrequent, and render a large portion of asylum statistics entirely valueless.

Dr. McIlhenny submits a plea in behalf of epileptics, who, as incurable, are denied admission to the State asylums. It is estimated that there are one hundred and fifty of this class within the bounds of the Northern Asylum district.

15. The county of Hamilton, including the city of Cincinnati, has been constituted the fourth asylum district of Ohio, and a new edifice, named the Longview Asylum, has been built at a distance of seven miles from the city. This institution was opened in February 1859, and has received 422 patients, with a daily average residence since May 1, 1860, of 333. It is situated on a ridge overlooking the valley of Mill Creek, above which it is elevated about one hundred feet. The lot upon which it is placed contains thirty-eight acres, bounded in one-third of its extent by the Miami canal. A highway separates it in another direction from the county-poor farm of seventy-three acres, which it is hoped will soon be attached to the asylum farm. The present lot, about one-half covered by forest trees, will be converted into ornamental grounds.

"The edifice itself," says the report, "which is built of brick, is six hundred and twelve feet long, and consists of a centre building, five stories high, surmounted by a dome and two wings, three stories high, each intersected by three cross-buildings, two of which are four stories high, one of them surmounted by a dome, smaller, however, than the one on the main building. The front of the centre is but three stories high, and somewhat narrower than the rest of the building. In front of this is a brick portico, also three stories high. The portico is reached by a flight of four steps, and from this three more steps lead up to the main entrance. From the entrance a hall ten feet wide runs back to the rotunda, which is in the centre of the building, and is forty-four feet in diameter and eighty-eight feet high, with five corridors around it, communicating with the different stories; the floor as well as the dome, is of glass, for the purpose of giving light to the basement." \* \*

"In the basement," the report continues, "are the washing, drying, ironing, bake, and flour rooms, kitchens and store rooms. In that portion of the basement under the wings, are the work-shops, clothing rooms, elevators, chambers for heating air to warm the wards, dead room, dust holes, drop for soiled clothes, bowling alleys, &c. Underneath the basement, are the cellars, air duct for ventilation, coal pits, boiler room and gas house. The basement and cellar are continued back in the rear of the main building about one hundred and seventy feet, forming a low building of that length, and as the ground gradually recedes in that direction, the boiler room, which is at the extremity of this building, is almost entirely above ground. This arrangement removes from the immediate neighborhood of the main building all those processes which would be liable to cause discomfort, by heat, smell, &c., and also allows the smoke stack, which is also the ventilating flue for the whole house, to be at such a distance as to insure the delivery of the impure air so far from the house that there can not be the slightest danger of its being returned to it, no matter what the direction of the wind may be." \* \* \*

"The iron stairways in the house are not only convenient for the passage of patients from one part of the house to another without bringing them to the public stairways, but in case of fire they furnish a ready and safe means of egress for all the inmates. The wards are shut off from each other by double doors, preventing any noise in one being heard in the next. The floors are all laid in cement, which serves an excellent purpose in deadening sound, and in connection with the abundant supply of water, is almost perfect protection against fire. Each ward contains a bath room, pantry, washroom, and water closets, supplied with hot and cold water from faucets, with self-acting valves, to prevent waste of water by the inmates. Each contains also an elevator, drop or chute for soiled clothes, and one for dust which reaches to the basement. The cross buildings of

the wings are all, except the two at the extreme ends in which the strong rooms are located, one story higher than the rest of the wings, and the two next the main building are surmounted by domes. The upper stories of these are devoted principally to convalescents, and contain amusement and reading rooms. We have already chess, dominoes, draughts, backgammon, quoits and ball. The bowling alleys, billiard and bagatelle tables are contracted for, but not finished." \* \*

"One of the first necessities of an establishment of this kind is an abundant supply of water, and this has been provided for by the location of a small steam pump on the bank of the canal, which forces the water up into a reservoir on a level with the basement, and another pump, or rather pair, for there are two of them in the rear of the basement, which forces it up into the tanks in the fifth story of the main building. In the pipe which leads to the tanks there is a stop-cock, and opening to which hose can be attached, so that in case of fire, the whole force of the engine, which is thirty horse power, can be employed to throw water directly upon the flames. This engine, besides working the pumps, furnishes power for operating a large washing machine, wringer and mangle. The boilers supply steam not only for the engine, but for heating water, cooking, and warming the house. The house is warmed partly by radiators located in different apartments, and partly from air heated by passing over coils of steam pipe, the hall of each ward having registers conveying hot air. The sitting rooms most remote from the main building each contain an independent coil of steam pipe.

"The building is lighted by gas, manufactured on the premises, the works being in the rear of the main building, and at one side of the boiler and pump room. The gasometer is thirty-three feet in diameter and twelve feet high, and has a capacity of about twelve thousand cubic feet.

"Ventilation is ensured by means of a large air duct, located in the cellar and traversing the whole length of the house, and terminating in the chimney stack, which is thirteen feet in diameter, one hundred and twenty-five feet high, octagonal in shape, having the flues from the boilers running up the centre, and the flues from the kitchens, wash-house and gas-works, in the angles. These flues heat the air around them sufficiently to cause a strong upward current in the chimney stack, and consequently an efficient draft in the air duct and ventilation flues. The height of the stack and its distance from the house ensure the delivery of the foul air at a distance sufficient to prevent its return.

"Drainage is effected by means of an eight inch pipe in the bottom of the air duct, and in which all the sewerage pipes of the house terminate. This pipe terminates at the chimney stack, in an egg-shaped sewer two feet by sixteen inches, which extends eight hundred feet in the rear of the building.



"To give some idea of the size and capacity of the building, and the extent to which it is supplied with gas and water, I will state that there are in the house near six hundred rooms, and fifty-six water-closets, six thousand one hundred and seventy-eight feet of water pipe, and three hundred and fifty-six cocks, and five hundred gas burners.

"Between six and seven millions of bricks were used in erecting the building, and its entire cost was four hundred and fifty thousand dollars."

We congratulate the State and its "Queen City" upon this noble and bountiful addition to the list of charitable institutions, which was already one of the chief glories of Ohio. Incurables, it appears, are not to be excluded from this Asylum, and we ardently hope that other towns, by organizing a proper provision for this class, will crown the fame of the State for its wise and munificent charities.

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*A Warning to Fathers, Teachers, and Young Men, in relation to a fruitful Cause of Insanity, and other serious Disorders of Youth.* By W. S. CHIPLEY, M. D., Medical Superintendent of the Eastern Lunatic Asylum, Lexington, Ky., etc.

In the preparation of this little book, an unwelcome and almost repulsive task has been admirably performed. Besides the nature of the subject treated, is also the revolting fact, that multitudes of books similarly entitled are put forth by the vilest of mankind, with the deliberate purpose of stimulating the vices against which they purport to be aimed. Nor is it to be denied that much evil has resulted from works of this kind when only good was intended. Such is, indeed, the nature of this sexual vice, that many professional men and public teachers to whose notice it has been brought, have advised that it shall be wholly ignored in all but the most strictly private and personal relations. This view, which we think an extreme and mistaken one, is no doubt quite generally held. One of the most painful thoughts suggested upon taking up Dr. Chipley's book is, that



it should be thought necessary, in the first place, elaborately to set forth facts, authorities, and arguments, to justify its publication. Certainly, the utmost care and discrimination are needed for such a work, or for any form of popular investigation of the subject. But that a vice so widely prevalent, and so terrible in its effects, can only be attacked in a manner so cautious and indirect as almost to forbid even the hope of any good result, we do not believe. It is to be feared that most of those who advise such a course, do not fully realize the extent of the evil they would ignore. Until lately, a similar extreme reserve prevailed in regard to a kindred form of "social evil," which is now receiving general and needed attention. Yet what physician of experience can doubt that bodily disease and moral debasement, have a more fertile source in masturbation than in prostitution.

It is needless to say that Dr. Chipley is aware of both the delicacy and importance of a task, which has been pressed upon him by the conviction that much good might be expected from its proper performance, and by the desires of professional and other friends. After an introduction, in which the fearful magnitude of the evil is attested through the experience of the most eminent physicians, the subject is treated in three chapters, on causes, consequences, and prevention. As these are written for the popular rather than the professional reader, though they will not be without value to each class, they need not be analyzed here. Facts from the learning and experience of Dr. Chipley are brought to bear in an impressive manner, while at the same time there is little which the most morbid prurience could pervert from its proper effect.

Among the points touched upon in the book, is that of the relation of certain common forms of nervous disorder to this vice, as a cause. Dr. Chipley, with many others who have observed very extensively in the matter, believe that such relation exists to a far greater degree than is generally supposed. Reliable facts by which to justify this belief, are, of course, to be obtained only with the greatest difficulty. But the recent direction of special inquiry to the typical symptoms which group around all the great sources of disease, must throw some light in this direction. It may be considered a settled princi-

ple in the etiology of disease, that the degree in which any cause may be deemed efficient rather than merely accidental, is in proportion to the persistency of the type of symptoms found to exist in relation to such cause. A class of symptoms, nervous and mental, has been proposed, and very generally accepted, under the term "alcoholism," as produced by the abuse of alcoholic drinks. The study of these symptoms from such a point of view, is at once seen to promise valuable results. The same advantages, it seems to us, might be expected to follow the same mode of investigation into sexual vice. Both, indeed, would form most important classes in a great group, which would include all the principal agents for "producing factitious sensations." No doubt it must long remain a fact, that unnatural sexual gratification can not be so thoroughly investigated as the vicious indulgence in alcoholic drinks. We believe, however, that this is solely from the secrecy with which the former is practiced, and the unfortunate delicacy which prevents even the effort towards detecting it. It is not, certainly, that the morbid symptoms are less definite and persistent than in the latter. There can be little doubt that the effects of sexual vice are more strongly characteristic than those of any similar morbid agency.

If we refer to the earlier reports of asylums for the insane, in this country and in Europe, we shall find that masturbation was recognized as the cause of insanity in a far greater number of cases than are now attributed to that source. There is no reason to believe that the vice has become less prevalent or less destructive. On the contrary, it is well known to increase with the crowding of population, and with the growth of luxury and idleness. Is it not probable that a less searching inquiry upon this point has become general, in consequence of the great delicacy and difficulty of the subject? And this can not be a matter of surprise. If an investigation into this evil can be undertaken by those only who are devoted to the treatment of the insane, there is no rational hope of any useful result. It must be studied in connection with those nervous and mental symptoms, of which insanity is only the last and exceptional result; and, in order to this, the wisest and most trusted medical

men, each within the sphere of his professional influence, must aid to put aside the veil of a false delicacy, which has hidden and fostered this pernicious vice.

Although we think these morbid symptoms ought chiefly to be studied apart from the vexed question of insanity, yet the vice must also be viewed in its bearings upon this point. In morbid mental phenomena, especially, are its effects more powerful and marked than those of drunkenness. Certain passions and sentiments are heightened or perverted in almost every case, and often to a great extent without corresponding lesion of the intelligence. The timidity, the suspicion, and the quickly excited and furious passion of masturbators, with but slight intellectual aberration, is quite characteristic. Homicidal acts by subjects of this sort are by no means rare, and the question of moral freedom or its negation is as difficult as it is important. Here are ample scope and promise for patient and rigid inquiry, and, in spite of the revolting nature of the subject, we do not despair that it will yet receive due attention.

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## S U M M A R Y .

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PROPOSED STATE BOARD OF HEALTH AND OF VITAL STATISTICS IN MASSACHUSETTS.—A Memorial to the Legislature of Massachusetts, written by Dr. Edward Jarvis, one of a Committee of the Boston Sanitary Association, is before us. It very fully and ably represents the necessity and advantages of a General Board of Health and of Vital Statistics in the Commonwealth. The duties of the proposed Board are, to superintend the execution of the law for the registration of births, marriages and deaths, to have charge of the decennial census, and to have a visitatorial power over all the hospitals, and the public medical charitable institutions for the sick, insane, deaf-mute, idiotic, &c.

We earnestly hope that this plan will receive the attention which its great importance demands. So far as it bears upon the executive direction of the institutions and interests which it includes, the greatest prudence and good judgment will be required in its application. But its scientific bearings are of the first importance, and there need be no obstacle to a scheme of statistical inquiry which will give real value to numerous data, which, as now returned, are of the least possible utility.

Our present limits forbid any quotation of the important facts and deductions contained in the Memorial, but this will hereafter be done.

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INFLUENCE OF PREGNANCY ON INSANITY.—Dr. TANNER, in his recent work on the *Signs and Diseases of Pregnancy*, says that in his experience insanity in women is not benefitted by becoming pregnant, and that, in two cases under his observation, marriage only aggravated the morbid symptoms.—*British Medical Journal*, Feb. 23, 1861.

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SIXTEENTH ANNUAL MEETING OF THE ASSOCIATION.—The Association of Medical Superintendents of American Institutions for the Insane, will meet at the City Hotel, in the city of Providence, Rhode Island, on Tuesday, June 11th, 1861, at 10, A. M.

JOHN CURWEN, M. D., Secretary.

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ERRATUM.—In the table of Statistics of American Institutions for the Insane, given in this journal for January, ult., the numbers of those discharged recovered, improved, unimproved, and the percentage of recoveries at the Friends' Asylum, Pa., were erroneous. The correct figures are as follows: Discharged recovered 10, improved 7, unimproved 8, died 4. Percentage of recoveries on admission, 40.

















